aid for aids

presentation to

BHF Conference 2010

Session 5: *Doing well by doing right*

Generating true value returns on HCT campaigns

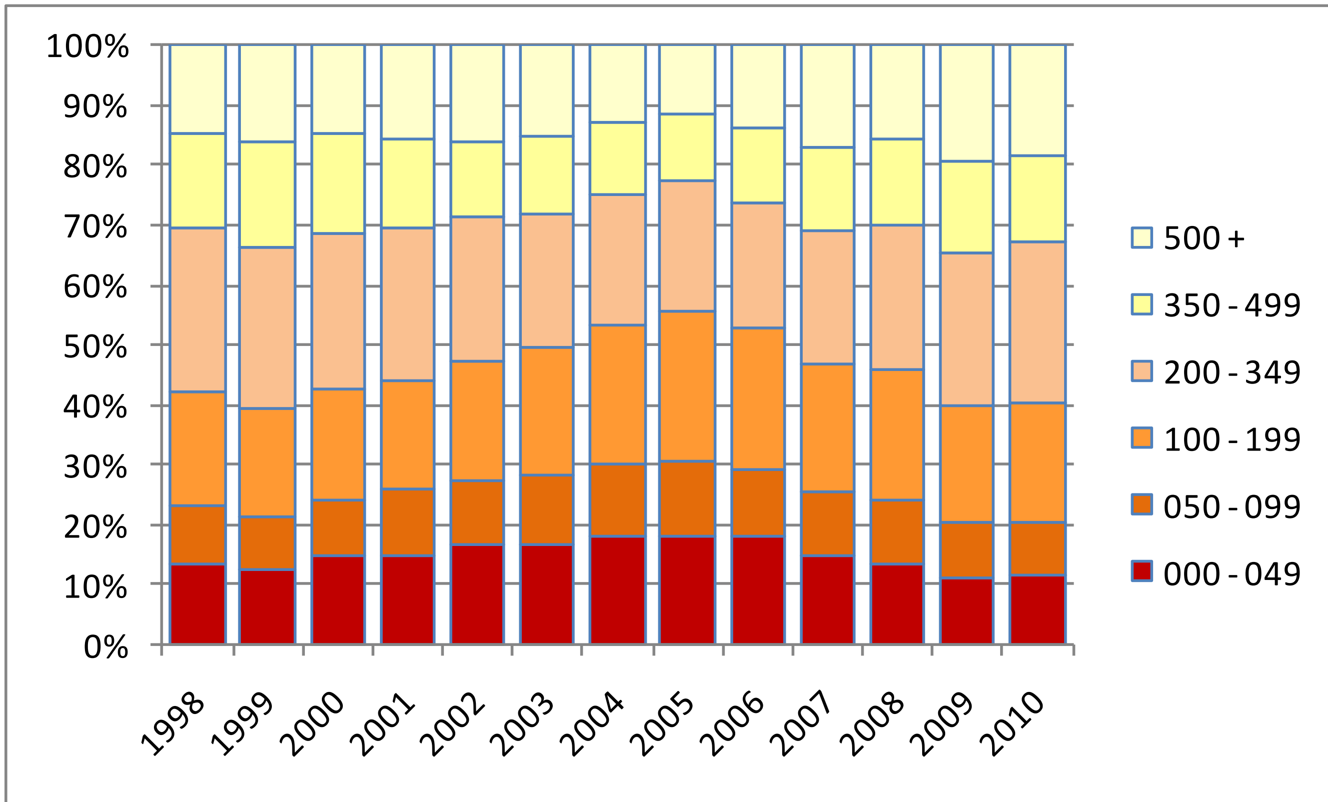
AfA

solutions

Aim of the presentation is to show:

- Too many individuals are still entering care and treatment programmes with excessively low CD4 counts, with significant cost implications for medical schemes.
- It is possible to alter this trend through coordinated management by all role players.
- Persuading all individuals who test HIV+ via HCT to take up care and treatment is more resource intensive than originally envisaged.
- Incentives should be aligned across all service providers to drive early enrolment and uptake of treatment.
- Well managed HCT, and a comprehensive disease management approach, including pre-registration and pro-active, intelligent and caring follow-up is the engine for driving change.

Trends in patient CD4 counts at entry to AfA



- Many HIV+ individuals are still entering care with low CD4 counts.
- Of patients starting ART since 2008, 50% had a CD4 count < 200.

AfA

solutions

Costs of HIV+ lives by CD4 count in years prior to entry.

Cost per patient per month

R 800
R 700
R 600
R 500
R 400
R 300
R 200
R 100
R 0

-7 -6 -5 -4 -3 -2 -1

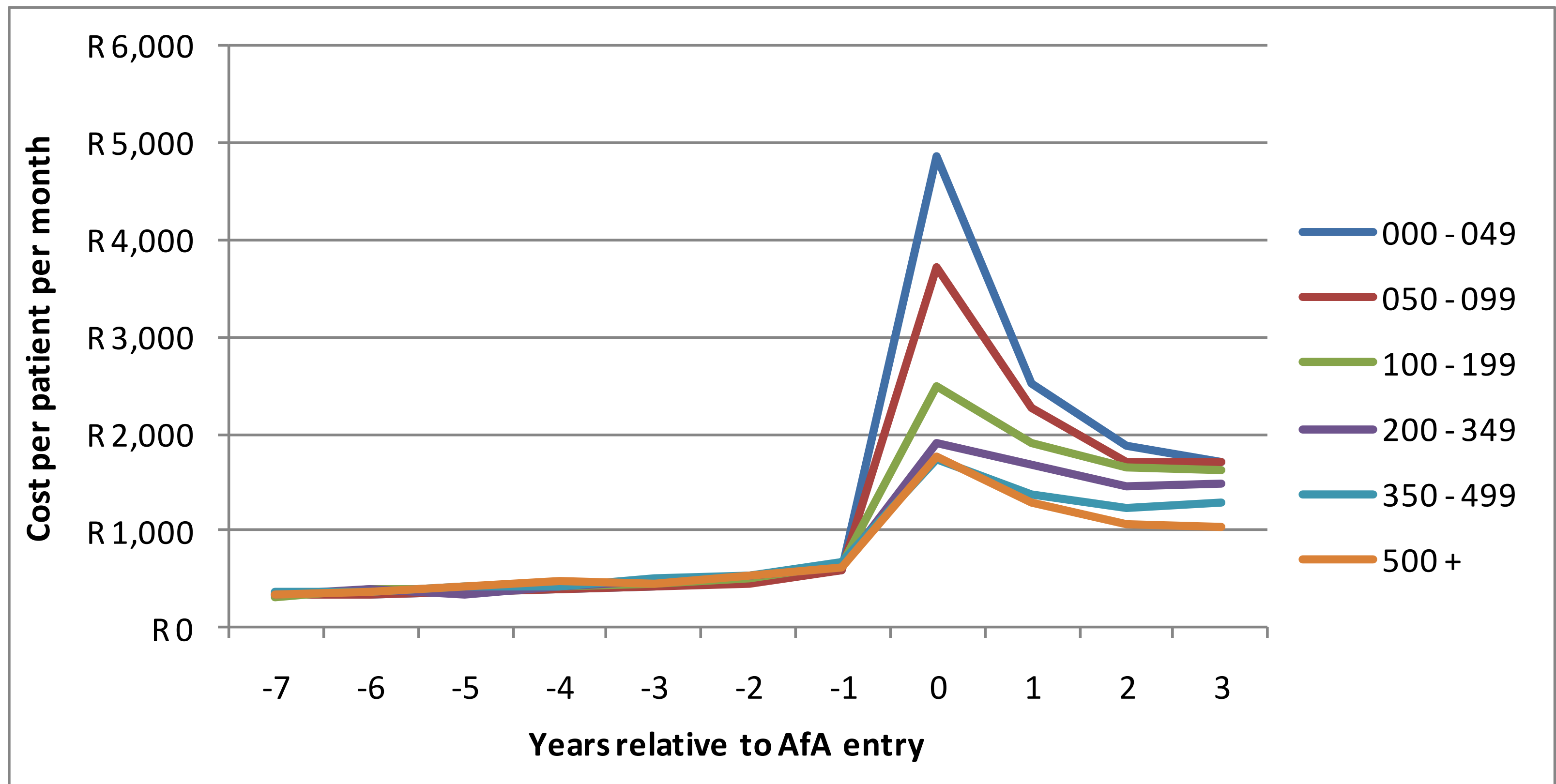
Years prior to AfA entry

000 - 049
050 - 099
100 - 199
200 - 349
350 - 499
500 +

AfA

solutions

Costs of HIV+ lives by CD4 count by year through entry.



- Entry is often precipitated by an HIV related opportunistic infection.
- When HIV+ individuals do finally get ill, those with low CD4 counts incur far higher costs than those with higher CD4 counts.

AfA

Surely the solution is simple?

- Provide facilities for free HIV testing.
- Make funding available for HIV monitoring and treatment.
- Facilitate access to treatment via confidential disease management programmes.

- Employees / members / dependants will spontaneously take up HIV testing.
- Those who test HIV positive will embrace care and treatment provided free of charge.

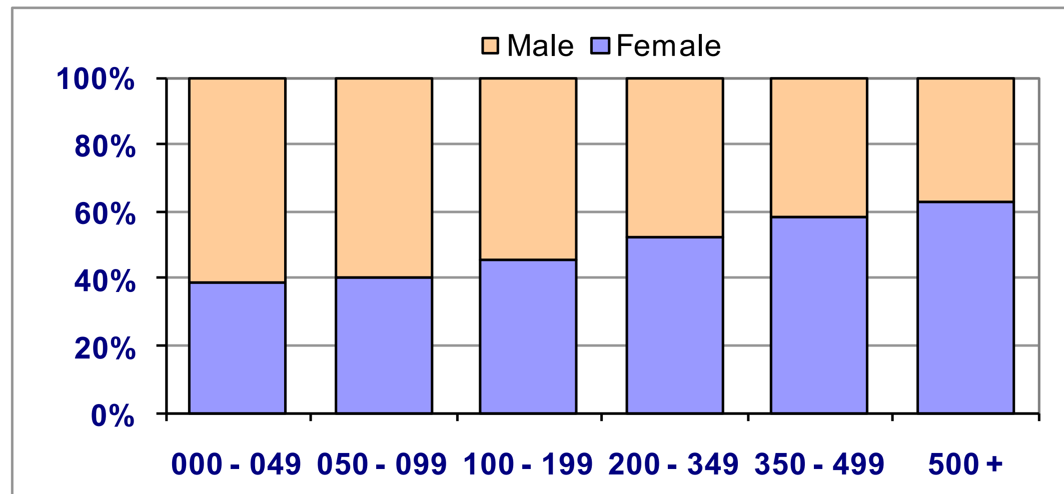
- Right?

AfA

solutions

Getting individuals who test HIV+ into care can be complex.

- Many HIV+ individuals have significant psychological, social and practical hurdles to overcome before they are able to commit to care.
- This process needs to be pro-actively managed due to stigmatisation and denial. Males in particular tend to delay treatment.
- Pre-registration is needed to get contact details for HIV+ individuals into the system and allow management of contact activity.
- Follow-up by experienced empathetic treatment support staff yields best results for achieving a commitment to treatment.
- HCT is the first step in the relationship; getting HCT 'right' is a crucial first step in getting HIV+ individuals into care.



AfA

solutions

Aid for AIDS HCT experience

- Has run HCT campaigns since 2003.
- 91 campaigns run for 15 different clients.

The Xstrata HCT experience

- Through Xstrata, AfA had the opportunity to implement a new paradigm in HCT, one with management processes specifically geared towards driving high uptake of HIV testing and in maximising uptake of care and treatment.
- Xstrata showed total commitment to the process in terms of leadership, management and budget, particularly in terms of making resources available for testing, in mobilising the workforce and giving employees and contractors the space and opportunity to get tested.
- The campaign was a resounding success with an extraordinary percentage of employees and contractors participating in the wellness campaign, testing for HIV and most importantly, for those who tested HIV+, registering on AfA.
- Some employees have elected not to take up offers of care (yet) despite counselling to the contrary. In some cases it can take months or years before individuals finally decide to take up care.

Impact Assessment

Determine future impact of HIV on the organisation

Education

Staff education and awareness

Peer educator training

Mobilising

Comprehensive process of sensitisation and mobilisation

Effective communication for employee mobilisation

Testing

Successful broad-based Voluntary Counselling and Testing

Sign up

Management

Immediate pre-registration of HIV+ employee onto Disease Management Programme

Medical Aid
Onto Medical Aid Disease Management Programme

Not on medical aid
Onto Corporate Disease Management Programme

Contractors
Onto State Disease Management Programme

Ongoing reviews, reporting, communication

Success

High adherence levels = survival and quality of life

Continuous improvement

Continuous assessment against:

Aims

Targets

Quality

Client satisfaction

Value

Outcomes

AfA

solutions

What are the ‘true value’ returns on HCT that we seek?

- Ensure that stigmatisation around HIV is reduced.
- Ensure that as many individuals as possible know their HIV status.
- Ensure that individuals understand the process to access care.
- Ensure that as many HIV+ individuals as possible actually access monitoring and treatment.
- Ensure that financial risks to the employer and healthcare funder are minimised by limiting the number of individuals who develop severe opportunistic infections.

AfA

Best practice for running HCT campaigns.

- There must be leadership and management from the very top.
- There must be union buy-in and involvement from the outset.
- Begin with the end in mind. Is HCT being run to get employees to know their status, to increase enrolment into care? Will it be possible to measure desired outcomes?
- Setting the scene in the work place is vital.
- Understanding, trust and knowledge must be created in the workplace.

AfA

solutions

HCT – employee perspective

- The most common barrier to testing is “I’d rather not know, the stress of knowing would kill me”.
- Counselling (pre/post & ongoing), informed consent and confidentiality are key aspects of the Human Rights framework when it comes to HIV testing.
- The client has the right to accept or refuse the test at any time, although with good pre-test counselling the individual will see the benefit of testing and will accept the offer of a test.

HCT quality check-list.

- Have nurses been trained to do HIV counselling and testing?
- Do counsellors have a counselling guideline?
- Does the service provider give a presentation to employees prior to commencing testing to explain the process.
- Check whether the content of the HCT consent form is in line with best practice.
- Are test kits approved by the relevant bodies, have they been stored in the correct manner and has the expiry date been checked?
- Does the service provider have referral / consent for telephonic follow-up forms, and do they have infrastructure to offer this service?
- Does the HCT form have fields for all the information that you want to report on? What kind of reporting will the service provider provide after the campaign and will it meet your set objectives?
- How will quality control be managed?

HCT pitfalls to look out for.

- From a credibility perspective you have one shot at getting HCT right.
- Rushing into implementing a campaign without taking the time to do the necessary planning and preparation.
- Having enough qualified / professional nurses available on hand for the size of the group and length of the campaign.
- Missing out key aspects of best practice.
- Not ensuring that the pre-test group information sessions are compulsory for all employees.
- Inappropriate testing rooms.
- Process differences between permanent and contract workers, e.g. differing referrals for care.

AfA

solutions

Considerations for wrapping HCT into wellness testing.

- Reduces testing stigmatisation.
- HIV is normalised by grouping the infection with other common chronic conditions, e.g. diabetes, high blood pressure, etc.
- Provides perspective - often it becomes clear that other chronic conditions also pose significant challenges to organisations.
- Comprehensive wellness testing is far more expensive and resource intensive than HCT alone.
- Consideration needs to be given to the fact that HIV testing is diagnosing rather then screening and therefore has specific process requirements.
- Often with wellness testing the ‘scene’ is not adequately set for HIV testing.
- With ‘wellness’ testing there is a tendency to loose track of the objectives and measurables.

AfA solutions

Optimal HCT approach for companies with employees on open medical schemes?

- Many companies have a combination of uninsured employees and employees on one or more different open medical schemes, which in some cases are with different administrators.
- To ensure consistency in service to all employees and contractors, the optimal approach is for companies to budget for HCT and to manage the process comprehensively.
- Companies stand to gain the most from getting employees and their dependants into care and treatment.
- Medical schemes via their disease management programmes should be able to play a role in pre-registration and follow-up of those who test HIV+.
- Ensure that service providers are incentivised to drive DMP enrolment, for example a per patient per month fee structure.

AfA

Getting a true value return on HCT - Conclusion

- Insufficient progress has been made to get HIV+ individuals into care at clinically appropriate CD4 levels, to the detriment of the individuals concerned, their families, medical schemes and companies.
- It is not too late. Further illness, poor quality of life, absenteeism and high healthcare costs can still be avoided.
- Coordinated management from all role-players is required in order to ensure that all HIV+ individuals know their status and are prepared and committed to seek care and treatment.
- Many HIV+ individuals have significant psychological, social and practical hurdles to overcome before they are able to commit to care.
- Incentives should be aligned across all service providers to drive early enrolment and uptake of treatment.
- Well managed HCT, pre-registration and pro-active, intelligent and caring follow-up is the engine for driving change.

Thank you.

The *Aid for AIDS* Programme
P.O. Box 38597
Howard Place
7450
South Africa

Fax: 0800 600 773
E-mail: afa@afadm.co.za