



2014- OUTCOMES

On behalf of the staff and all the stakeholders we are working with in BelaBela, we are happy to present to you the outcomes of the activities for the past year, 2014.

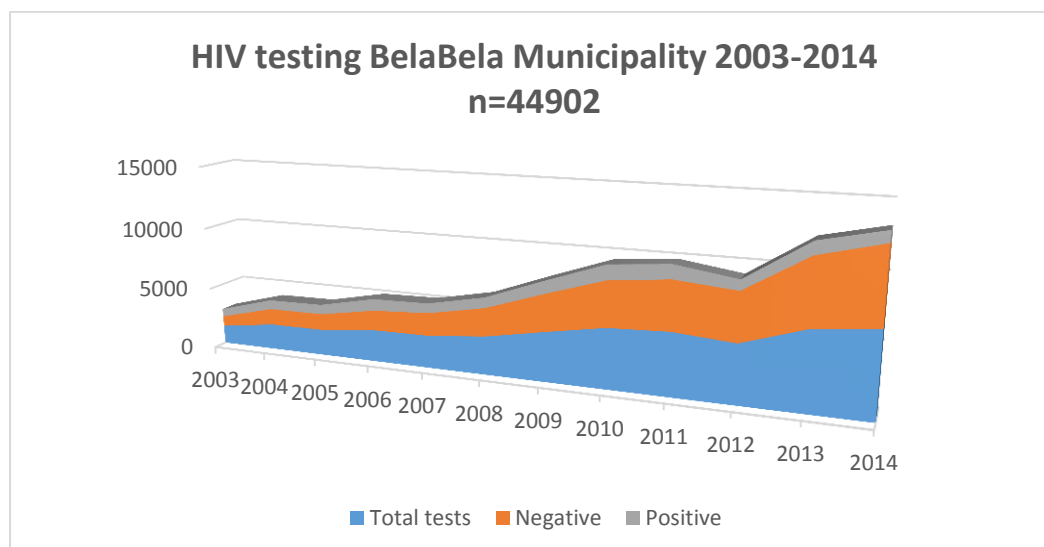
The activities deployed by HAPG in the community of BelaBela are all integrated and are feeding into each other.

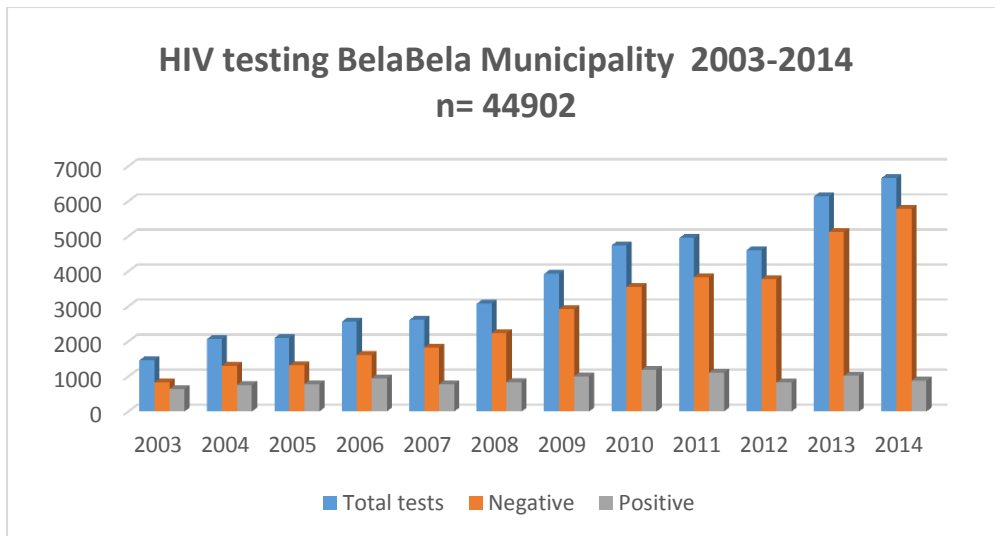
Community members have regular awareness and information campaigns presented in different format and enter the HAPG services through the HCT testing and counselling and move through the other activities/services according to the results of their HIV test and screening test for TB.

1. HCT counselling and testing.

Over the past year, 6661 people undertook HIV testing. The majority of people seeking HIV testing are through their own initiative. HCT testing is well accepted and understood in the community which results in all people taking up testing going through the entire sequence: pre-test counselling, HCT testing and Post –test counselling.

Over the past 11 years a total of 44902 HCT tests have been carried out. One needs to understand that these are tests and not people that are testing. People who test negative come generally twice a year to repeat the test, unless they have tested negative on several occasions and are faithful to one partner but even then people return for HIV testing.

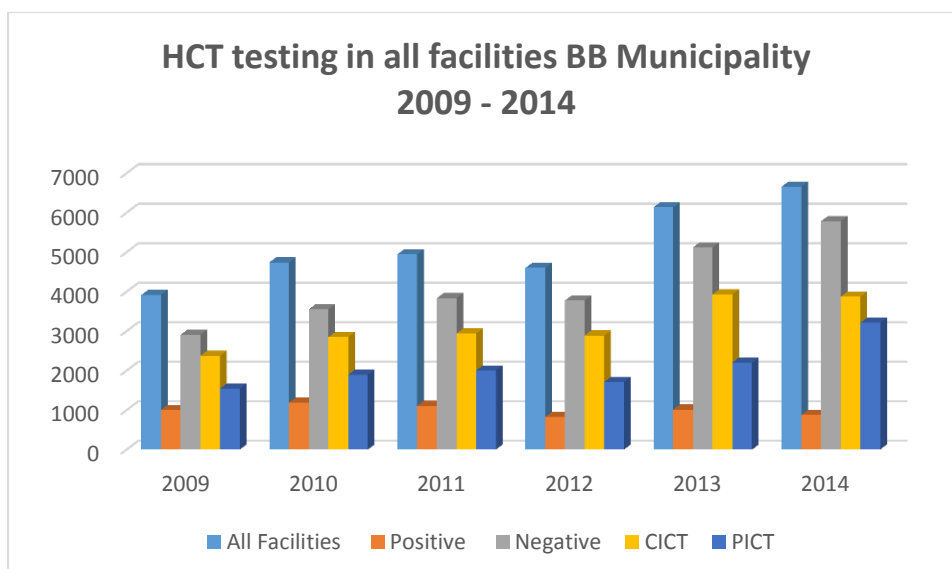




Over all the years, the number of done is still rising whereas the number of HIV positive results are more or less remaining at the same level. In the year 2012, there was a slight dip in the number of tests taken because there was a regular shortage of testing kits in the clinic and the hospital. We covered up for the shortage through our own funds but if one is unable to deliver the service on demand people get lost to the system.

The positive result outcomes are dropping over the years in spite of more people taking up HIV testing. For the period 2003-2006: positive test results were 38.20 % of the total tested. For the period 2007 - 2010: positive test results were 26,58 % and for the period 2011 - 2014, the positive test results were 17,11 %. Over all the years the positive rate is 23.99 %.

1.1 Client initiated testing versus provider initiated testing.



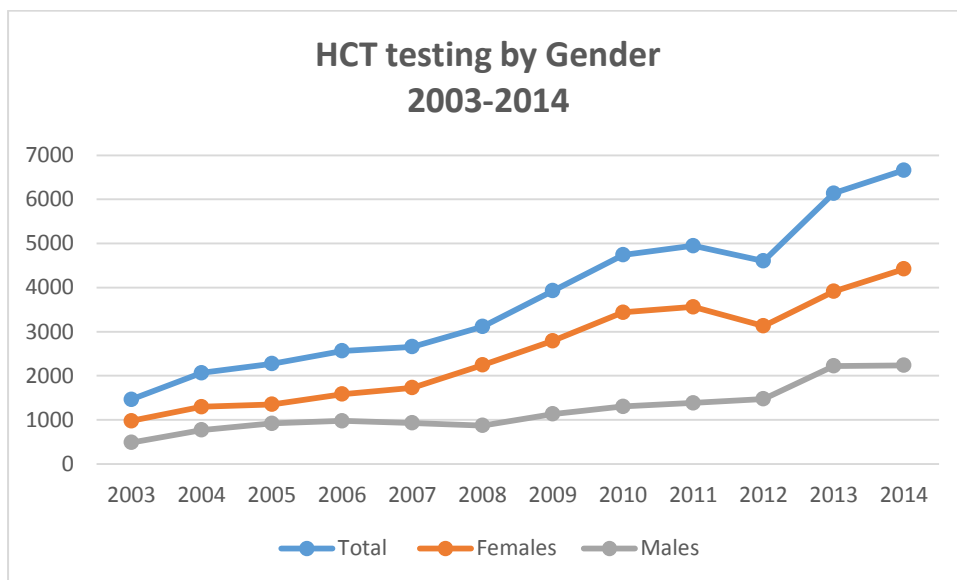
The above graph presents the tests done in all the facilities in BelaBela and shows the outcomes of CICT (client initiated testing) and PICT. There is a serious rise in the PICT testing in 2014 due to the

national management of the PMTCT program which requires all pregnant women to test at least three times during the pregnancy. However, many women do never get to the third test because they are presenting late for the antenatal care.

About 65 to 73 % (each year differs a little bit) of people seek HIV testing out of their own initiative. This is proof that the community in BelaBela is aware that regular HIV testing can help them to manage their health better.

Even a good number of pregnant women do HIV testing before going to the Primary Health Care clinic for antenatal care, as they know they will be referred for HCT testing and would rather have it done on a another day then the day they attend antenatal care. We are only presenting the last 6 years as the graph would become too busy.

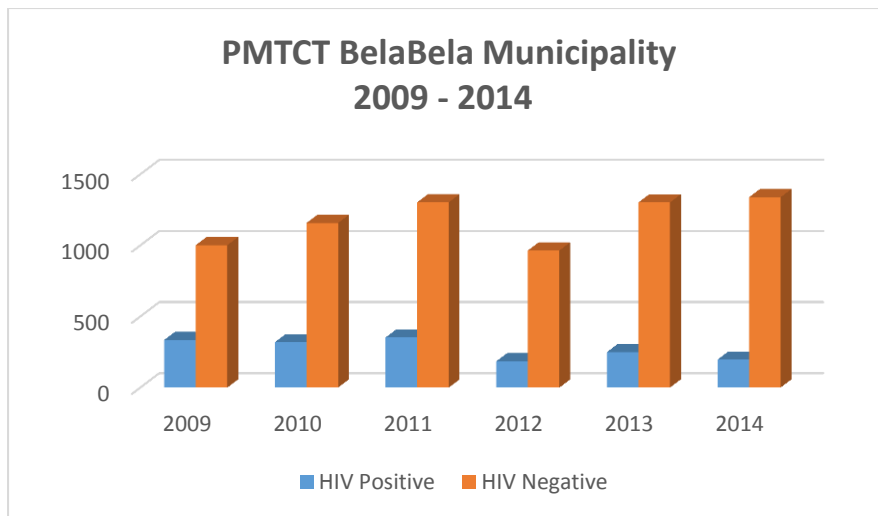
1.2 Testing according to gender



From 2006 onwards, the counsellors and caregivers have been motivating male community members to take up HIV testing through working with their female partners. As can be seen from the graph, the number of males testing for HIV rose over the following years. The total number of people testing were 44165 of which 30443 were females and 14722 (32.59 %) were males.

In 2013, we reached the highest percentage of males testing with 36,2 %. This coincides with the higher number of males registering in the Wellness Clinic.

1.3 HCT testing in the frame work for prevention of transmission- from- mother -to- child.



As PMTCT testing is one of the objectives of the National of Health Department, a lot of attention is given to this group of women to work towards an AIDS FREE society. We see the number of pregnant women taking up HCT testing rising. PMTCT testing is mainly provider-initiated driven. Although the number of pregnant women testing is growing, the number of HIV positive is declining over the years.

The above graphs represents all the pregnant women that were tested in all the health facilities in BelaBela. According to the presented years the following percentages of HIV positive outcomes were recorded: 2009 - 23.52 %, 2010 - 21,62 %, 2011 - 21,26 %, 2012 - 19,19 %, 2013 - 16,05 % and 2014 - 14,64 %. The overall percentage over the period 2009 - 2014 is 18.79 %.

For BelaBela Township the overall percentage for the same period is 16,22 %. The lower percentage in the township might be due to more awareness and information campaigns. Patients presenting in the town clinic and the hospital came from a larger catchment area and have less access to information and awareness campaigns.

Observation on HCT testing and counselling.

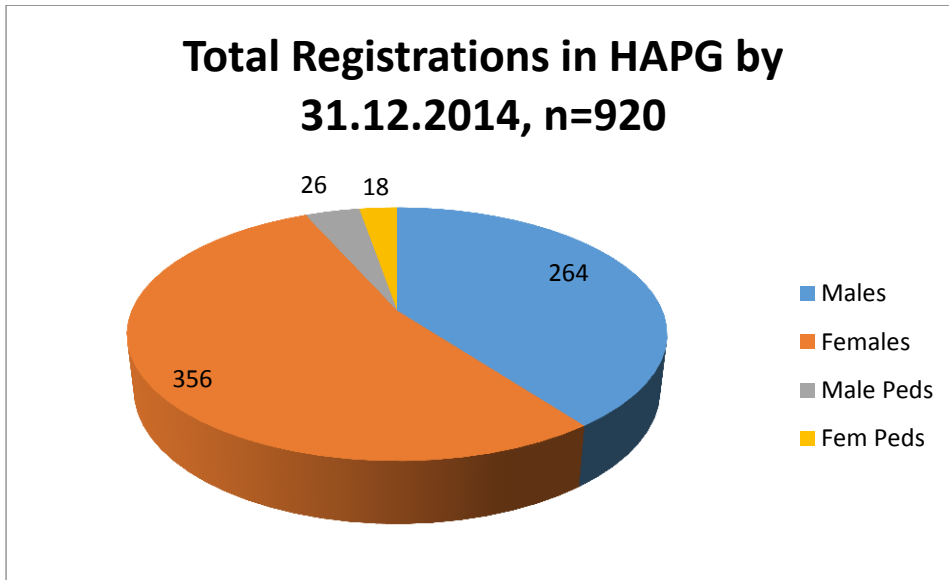
Unfortunately, towards the end of the year we saw a change in the attitude of young adults towards HIV positive outcomes. The main attitude in youngsters (20-25 years of age) is of indifference and even slides to arrogance towards positive outcomes. Their sole interest is in getting the ARVs and life is going on. Protection is no longer necessary in their opinion.

It is very obvious, when patients are starting on ART, that the great majority is no longer using protection and even does not shy away of openly talking about it. Their stance is "treatment is available for free, so why should we use condoms!?"

Few however, do say that they will now start using condoms as they are on treatment.

2. HAPG Wellness Clinic

2.1 Registrations in the Wellness Clinic by 31.12.2014



As the Wellness clinic was re-established towards the end of 2010, the number of new registrations in the clinic has increased. We also have a great number of patients that were moved to the PHC Wellness Clinic, coming back to the HAPG Wellness.

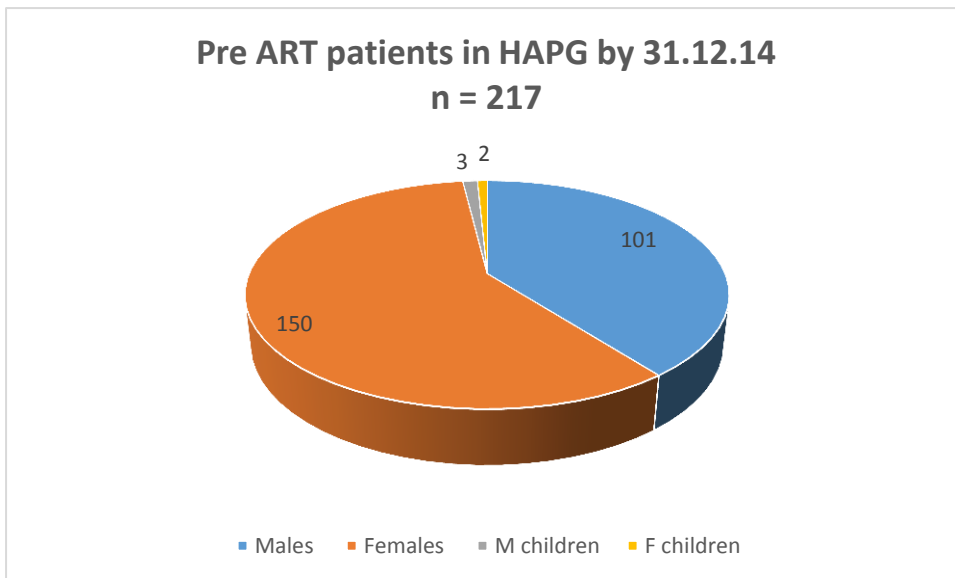
By the end of December 2014, 920 patients were registered in the Wellness Clinic. This figure includes the Pre-ART patients as well as the ART population.

The number of male patients registered is 365, for females we reached 506 patients. Children were 49 in total (29 male children and 20 female children).

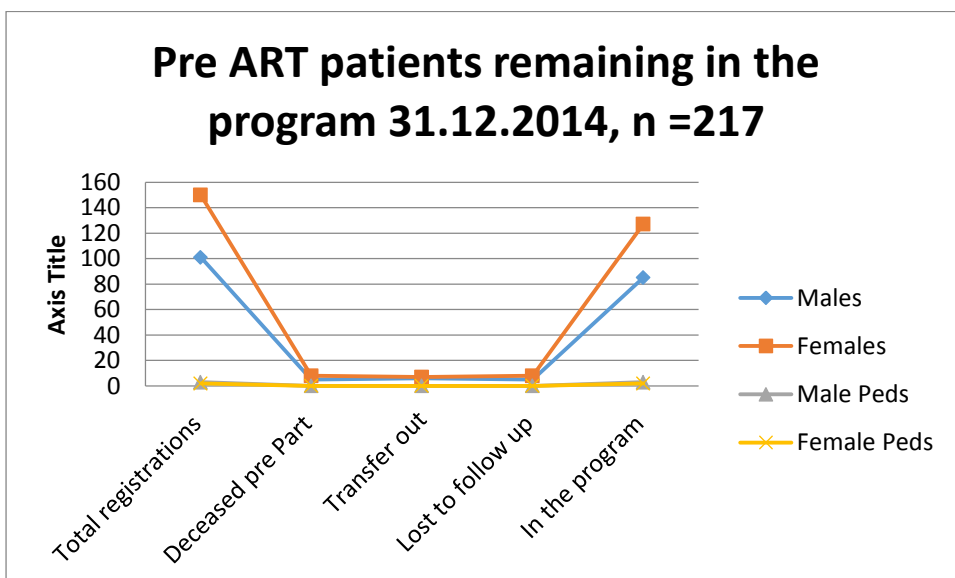
The Wellness population consists of Pre - Art patients, patients who are not yet on ART, because their CD 4 levels are still about the ceiling to start ART, or because of their own choice not to start with the treatment yet.

The remainder of the registrations are patients who started ART in the program. This group covers patients who started ART between 2002 and 2015. The HAPG wellness had to transfer 490 patients to the PHC Wellness in 2009. The transferred patients are not included in the number represented here, except for the patients that returned to the HAPG Wellness since 2010.

2.1.1 Pre ART registrations by 31.12.2014



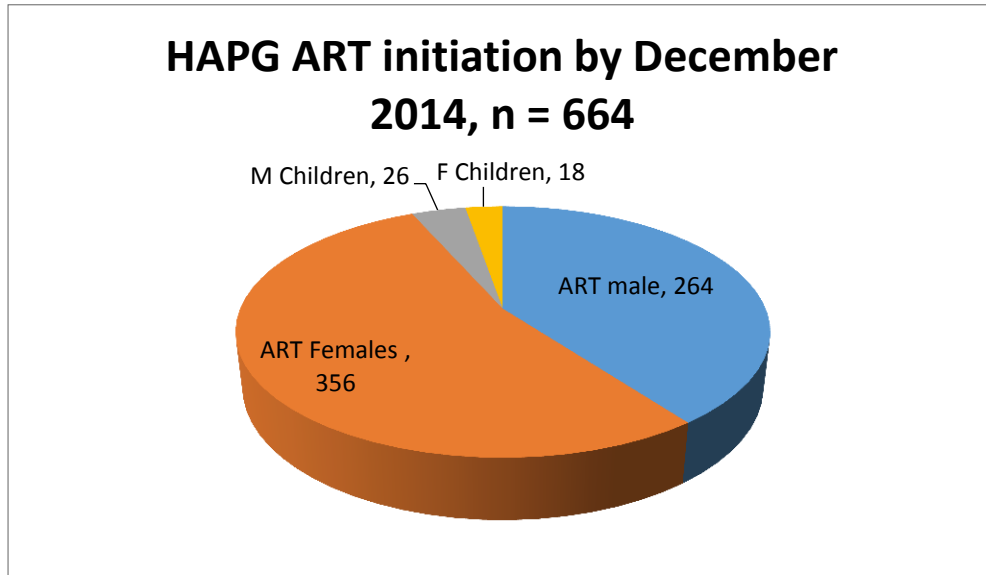
In total, 256 pre-ART patients were registered over the past years. By the end of December 2014, a total of 217 was left in the program. Deceased pre-ART patients were 13, (M 5, F 8). Pre-ART patients transferring out of the clinic were 13 (M6, F 7) and patients lost to follow up among Pre-art patients were 13 (M, 6, F 7). The number of children remained stable over the years.



Remaining pre-ART patients in the program by end of December 2014 were 217. Male patients 85, Females 127, Male children 3 and Female children 2.

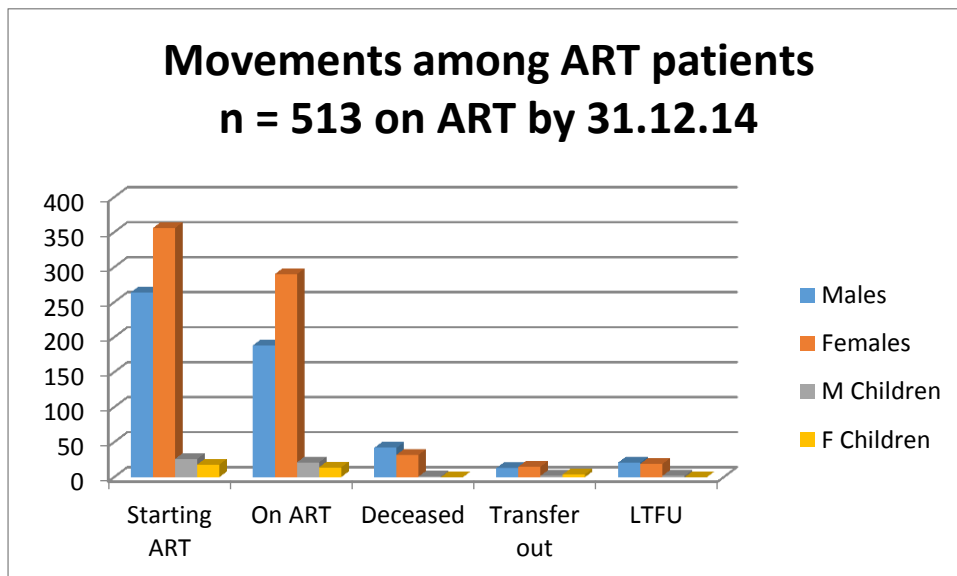
2.1.2 ART patients registered, initiated and remaining on ART by 31.12.2014

Patients registered in the Wellness clinic and initiated on ARVs over the past years were 664, excluding the patients who were transferred to the PHC in 2009.



In total 664 patients were initiated on ART.

By the end of December 2014, 513 (M 188, F 290, Male children 21, Female children 14) patients were still on ART.

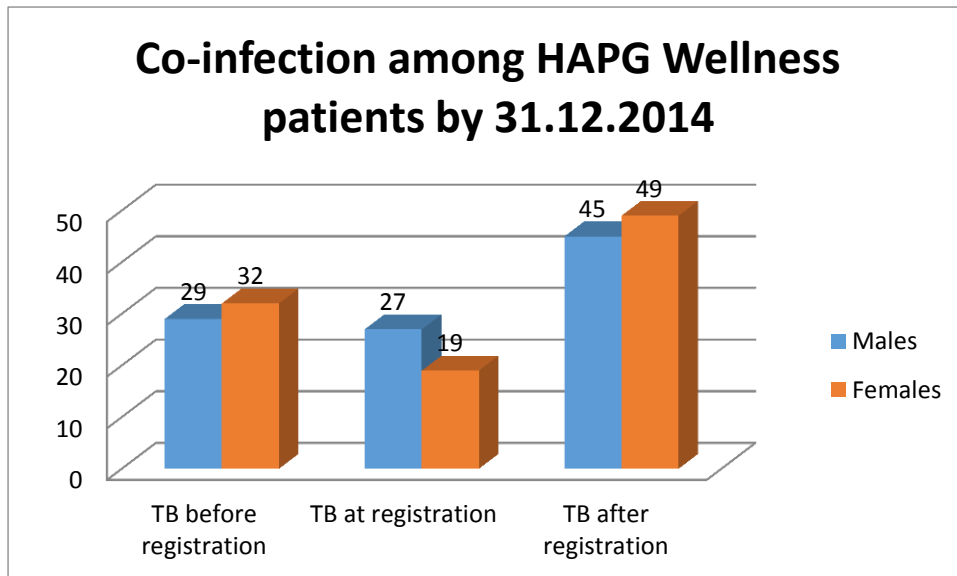


Mortality among the ART patients was 75, (M 5, F 9). Transfer out were 34 patients, (M 13, F 15, Male children 2 and Female children 4) these are patients who started ART in HAPG and when stable returned to their homes or transferred to other clinics because of personal reasons. Families

regularly bring very ill family members to BelaBela to start HAART and return them to their homes when better.

Loss to follow up were 42 patients (Males 21, Females 19, Male Children 2). This amounts to 6,32 % of the total patients that started HAART. Patients that are late for treatment collection are traced and motivated to carry on with their treatment.

2.1.3 Co-infection among HIV patients in the HAPG Wellness Clinic



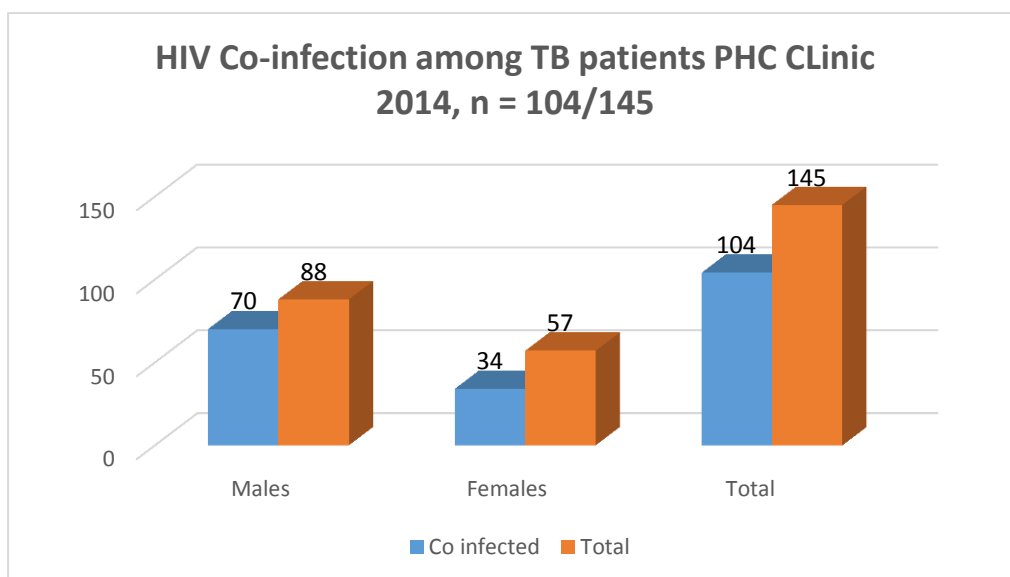
TB infections are closely monitored among the HAPG patients. Episodes of TB are recorded as “TB episodes before registration” in the Wellness, patients on “TB treatment at registration”, or patients who develop TB while on HAART. Several patients had several episodes of TB while on HAART with some patients with recurring TB up to three times or more. The total number of patients acquiring TB while registered in the clinic is 201. This figure includes TB in children which was 20 children, or 10 % of the total of patients acquiring TB.

Among the 201 patients who ever had TB they shared 225 episodes of TB, 19 patients had 2 episodes, 4 patients had 3 episodes of TB and 1 patient had 4 episodes of TB.

2.1.4 Co-infection among TB patients registered in the TB Clinic of the PHC (Primary Health Care), BelaBela Township.

The total number of TB patients registered in the TB Clinic of the PHC was 145 for 2014.

HIV co-infection among TB patients registered in PHC TB clinic came to 71,72 % for 2014. HIV patients undergo 12 sessions of advanced HIV adherence counselling during the course of the first year on HAART. HIV patients are well-informed and aware of the TB signs and symptoms which is one of the main reasons why so many TB patients are co-infected with HIV. Many patients seek TB screening and testing on their own initiative.



Note

HIV patients undergo 12 sessions of advanced HIV adherence counselling during the course of the first year on HAART. HIV patients are well-informed and aware of the TB signs and symptoms which is one of the main reasons why so many TB patients are co-infected with HIV. Many patients seek TB screening and testing on their own initiative.

3. Home Based care for TB and HIV Wellness patients in BelaBela Township.

All bedridden and severely ill TB patients are receiving DOT support delivered by the caregivers of HAPG.

No TB patients defaulted on their TB treatment in 2014, thanks to the commitment and dedication of the caregivers during DOT support.

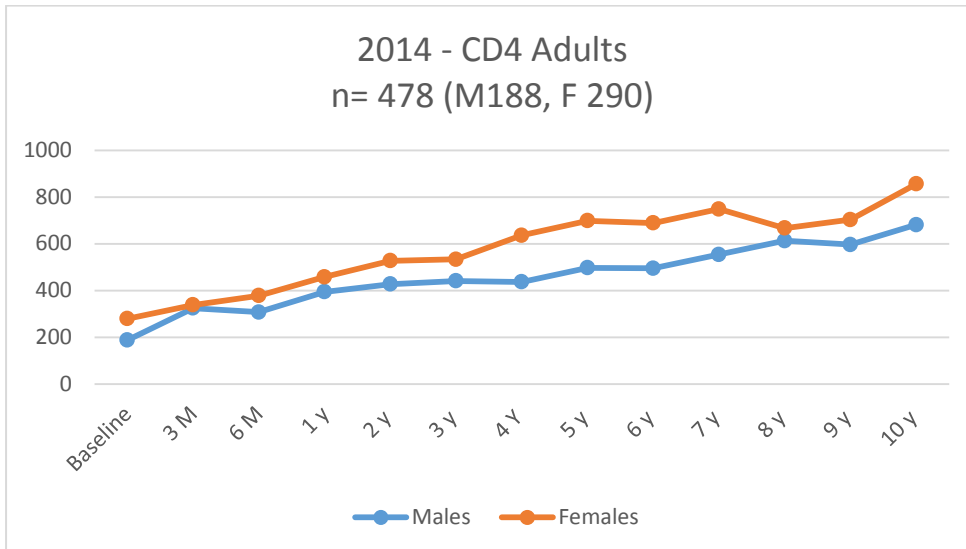
Home visits were 4592 (M 2737, F 1855) and health talks during home visits were 4576 (M 2731 and F 1845).

Once off visits to ART patients were 141 (M 72, F 69), these visits are mainly to check on patients who are late for treatment collection.

Once off visits to TB patients 104 (M44, 60) are generally to collect sputum for follow up.

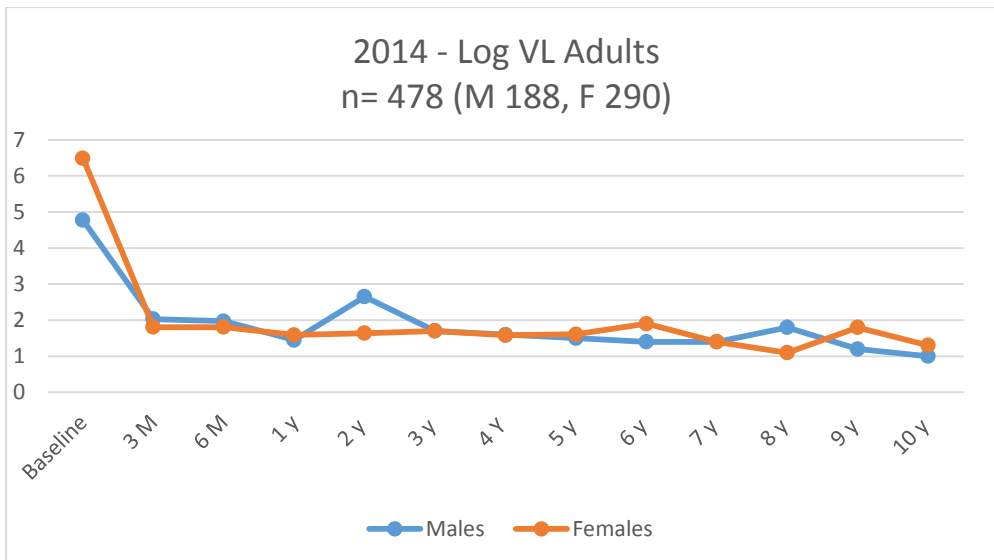
4. Wellness Clinic outcomes among HAPG adults and children on HAART.

3.1 Adult outcomes

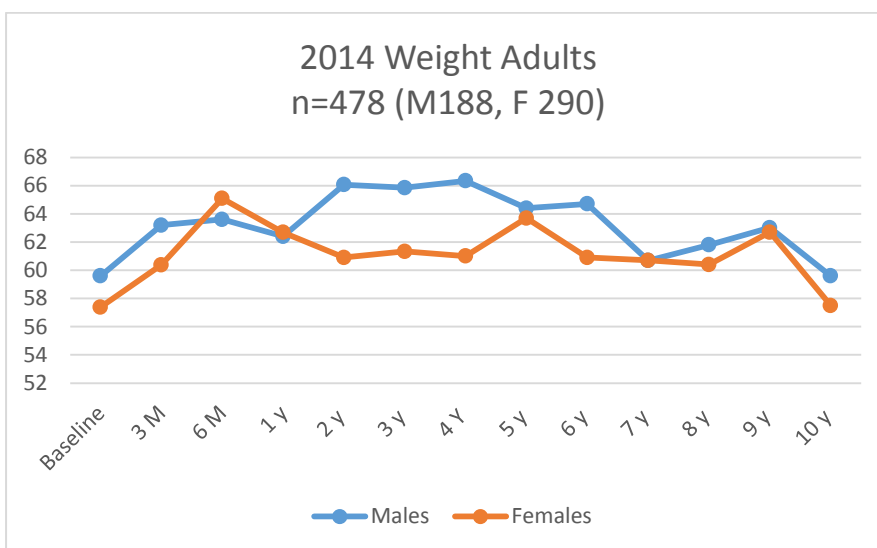


There was an increase in the number of patients registering in the Wellness clinic in 2014 and going onto HAART. In 2013, the total number of ART patients was 317 (M118, F 199) to 513 in 2014.. Males usually register with far lower CD 4 counts then the females. CD4 counts in male patients improve at a slower rate than in female patients. In the 8th year on treatment one can see a dip in the CD 4 count of females. This is related to the return of former patients, who were transferred to the PHC clinic in 2009 but began to return to HAPG 2 years ago. Many of these female patients had low CD4 and high viral loads. It took about 1 year to level off the Viral load for these patients.

Several children, 10, (3 males and 7 female children) have made the transition into the adult group as they turned over 14 years of age.

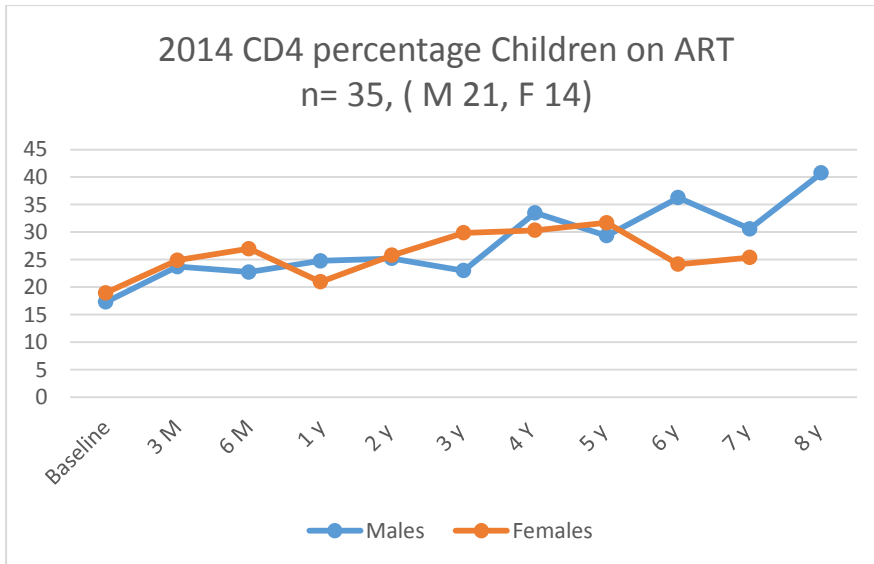


A number of patients, male as well as female, also developed resistance which was documented due to a collaborative program with Univen, Department of Virology. The patients with resistance pattern were switched to new treatment regimens and presented with better results a year later.

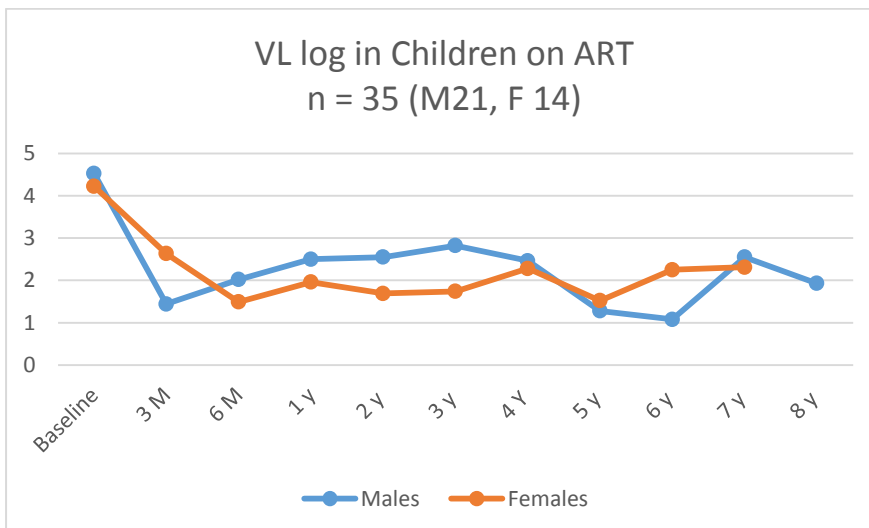


We observed over the last couple of years that adults regularly complain of lack of food due to the increasing poverty among families in the community. The graph on the weight of adults on HAART confirms this observation. This issue will require urgent attention and a close working relationship with the nutrition department to avoid further weight losses in adults.

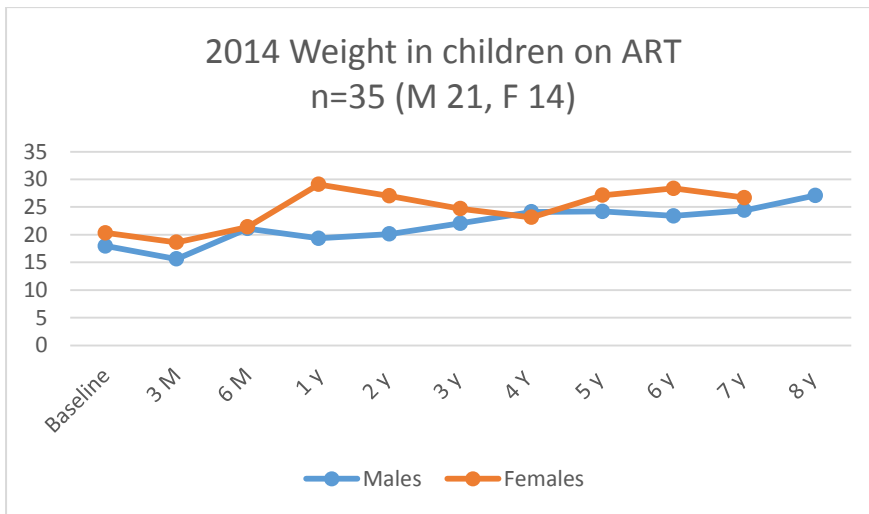
Children on HAART



In these graphs, we made use of the CD 4 percentage as this represents a better methods and a more regular increase then the CD 4 absolute. CD 4 absolute values in children are very volatile and could give a confusing outcome.



Male children are far less constant in taken their treatment then female children, hence the more outspoken movement in the line. Both male and female children acquired a viral load below 2 log which we consider to be a fair outcome.



Weight gain in children has also been slow. There is not much difference in the weight at baseline with the results after respectively 8 years in males, and 7 years in female children.

Conclusion

Results of this nature could only be obtained through the collaboration of all employees in HAPG. Caregivers have an enormous contribution to the outcomes of TB and HIV as they are motivating the patients through their home visits to stay on and to continue with their treatment. It is however far more difficult to represent their impact in a graph. The low number of lost to follow up patients in HIV and the absence of patients who defaulted their TB treatment can be directly ascribed to the impact of the home visits and the follow up of patients at home and in the community.