The Changing Role of Home Based Care in Cambodia in the Era of ART

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Presentation Outline

I - Background of HBC in Cambodia
II - Scaling-up of HBC in Cambodia
III - Role of HBC in Cambodia
IV - Conclusion
I. Background of HBC in Cambodia

- In 1998, joint pilot project on HBC in Phnom Penh by NCHADS, Municipal Health Department, WHO, and 8 NGO
- End of 1998, evaluation of the pilot project by NCHADS and WHO
- In 1999, expansion of HBC to Battambang province
- In 2000, evaluation on HBC service by NCHADS, Alliance/KHANA
- From 2000, expansion of HBC to other provinces and establishment of HBC network at municipal and provincial level
II. Scaling-up of HBC

Number of HBC teams from 1998 to Q1 2006

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Total HBC Teams: 283
Figure 1: Location of facility-based OI/ART sites and CD4 count services as of 31/03/06
III. Role of HBC in Cambodia

Before the development of CoC, role of HBC was shaped in the context of:

- lack of access to anti-retroviral therapy (ART),
- limited capacity of health services to manage severe opportunistic infections,
- increasing number of advanced HIV/AIDS patients,
- wide spread of stigma and discrimination against PLHA
III. Role of HBC (Continued)

HBC was then proposed as an option to provide people living with HIV/AIDS (PLHA) in the community with:

- symptom management,
- hygiene and nursing care,
- psycho-social support, and
- Education regarding HIV/AIDS.
After the development of CoC:

- Health facility based care was strengthened
- Friend help friend center (MMM) was established, based in hospitals
- Access to treatment for opportunistic infections (OIs), including TB was increasing
- Anti-retroviral therapy (ART) service was rapidly scaling up
- Service for preventing HIV transmission from mother to child (PMTCT) was widely available

HBC has adapted its roles to support the scaling up of CoC.
III. Role of HBC (Continued)

New role of HBC:

- Ensure that patients receive appropriate physical care and treatment
  - Provide treatment and care for mild symptoms at home
  - Train and support PLHA, patient’s family and volunteers to provide physical care at home, including mild symptom management, nursing care, and general hygiene.
  - Refer PLHA to health facility based services when appropriate
New role of HBC:

- Support OI treatment and ART
  - Support and encourage adherence of PLHA to regimens for prophylaxis and treatment of OI, including TB
  - Support and encourage adherence of PLHA to ART regimens, including those for pediatric care and for PMTCT
  - Support PLHA in monitoring and coping with mild side effects of OI and ART regimens, and facilitate referral to health facility services for management of adverse reactions
New role of HBC:

- Support collaboration between public health programmes
- Provide counseling (group or individual) to TB patients for HIV testing and counseling and facilitate referral to nearest VCCT sites
- Provide counseling (group or individual) to pregnant women for undertaking HIV testing-via ANC services at PMTCT sites- and facilitate referral to VCCT sites
- Support MMM activities and collaboration with peer-support groups
III. Role of HBC (Continued)

New role of HBC:

- Ensure that patients can receive psychosocial support and counseling
  - Support establishment and facilitate activities of PLHA Support Groups.
  - Provide individual, family or group counseling
  - Facilitating monks to give psychological and social support
  - Refer patients to VCCT
New role of HBC:

- Ensure that patients and their family get benefits from social support
  - Support income generation activities
  - Lobbying pagoda, community leaders, NGO and Charity to provide socio-welfare support to patients and their family
  - Support patients and their family in planning for their children before the patients die
  - Seek support for orphans, homeless patients, and poor families
III. Role of HBC (Continued)

New role of HBC:

- Raise community awareness on HIV/AIDS and the need for care and support for PLHA
  - Educate PLHA, family and other community members on HIV/AIDS, self care, hygiene, and UP
  - Raise awareness on VCCT and PMTCT and promote the use of these services
  - Collaborate and participate in community activities related to HIV/AIDS

- Provide end of life support
  - Ensure that after stopping ART, PLHA receive adequate palliative care and end of life support
III. Conclusion

- Role of home based care service is changing depending on evolving need of PLHA and availability of health facility based services.
- In the scaling up of CoC, HBC promote the use of CoC components and encourage the involvement of PLHA in CoC activities.
- In the era of ART, HBC should be strengthened and adapted to support PLHA to access ART, to cope with side effects, and to promote adherence and follow up of patients.
Thanks