

# **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

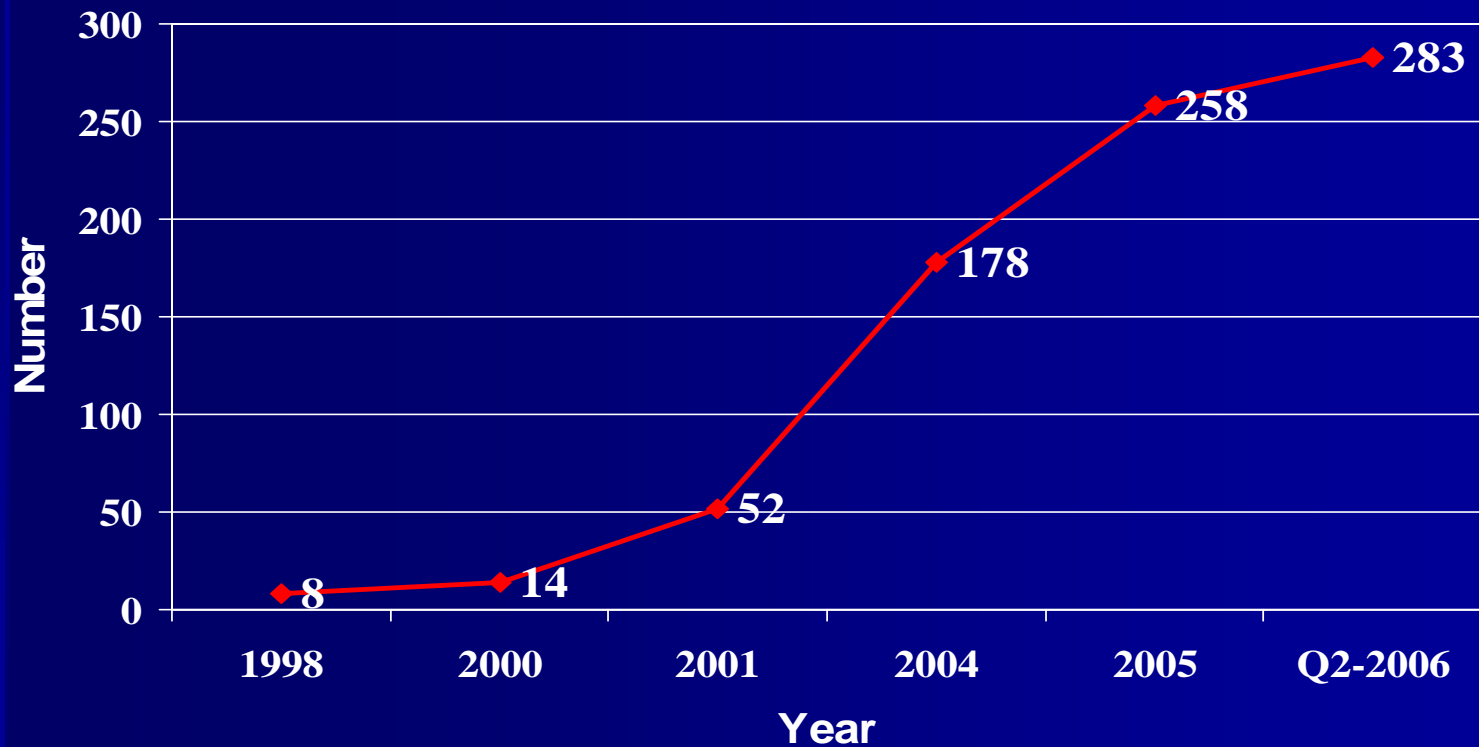
IV-Conclusion

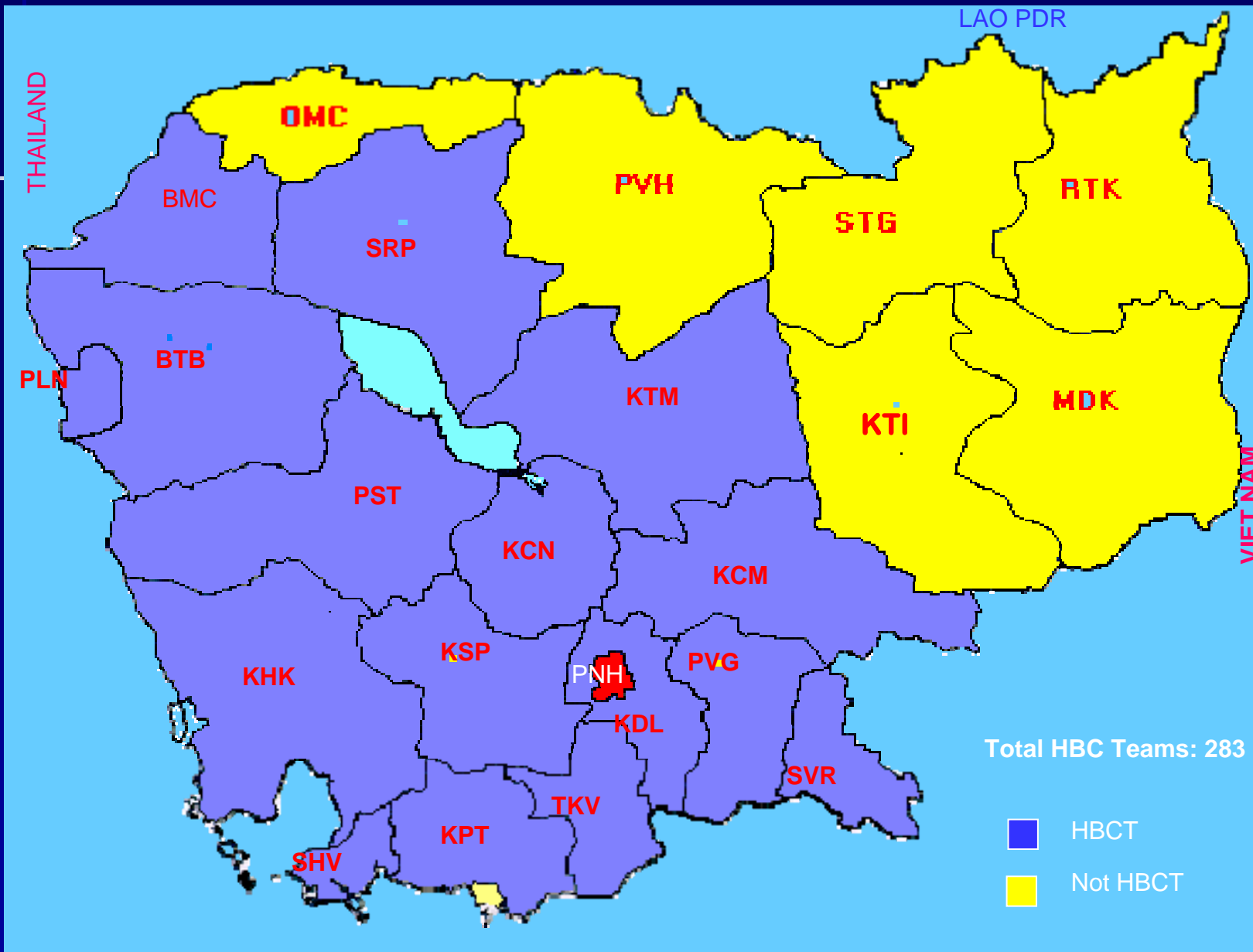
# I. Background of HBC in Cambodia

- 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

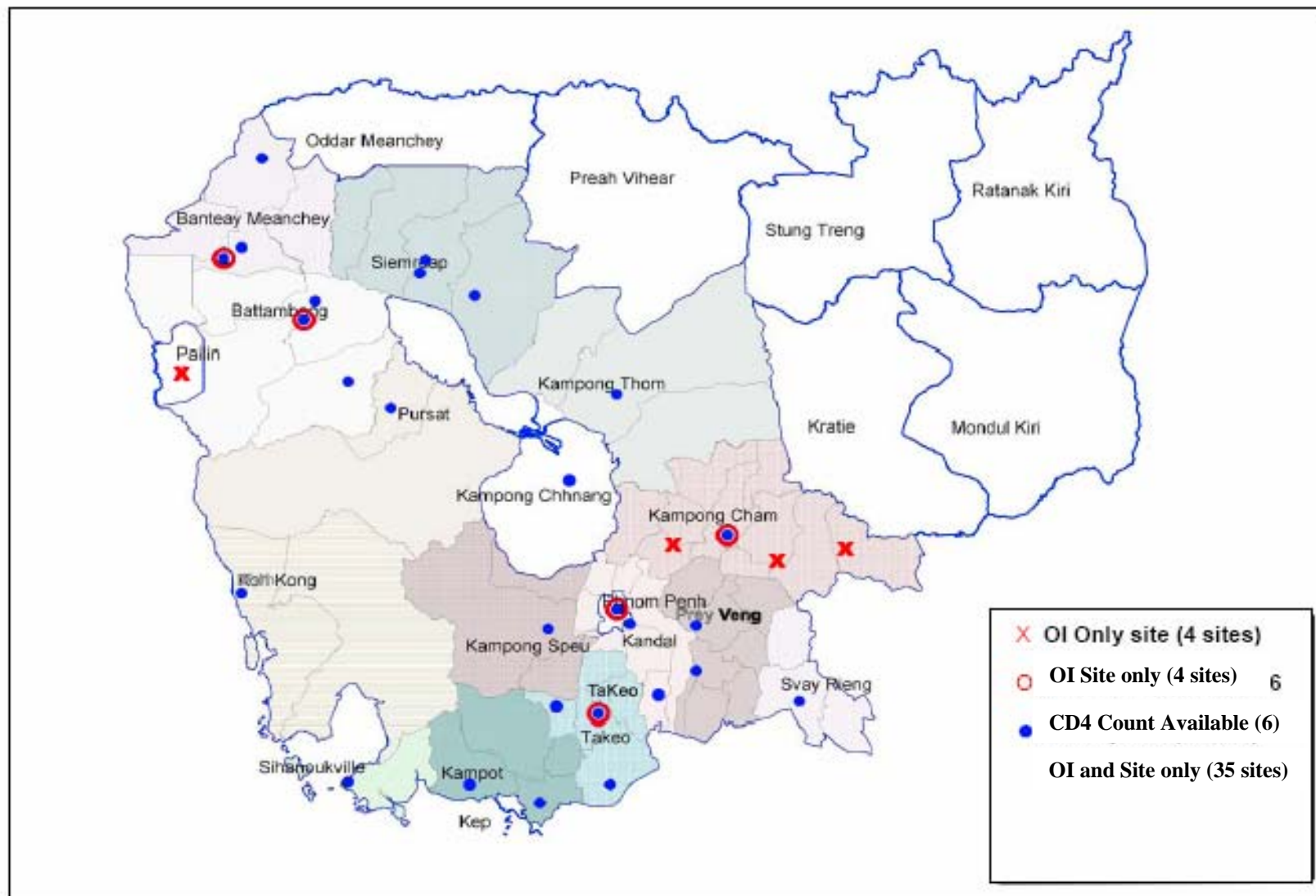
Number of HBC teams from 1998 to Q1 2006





Total HBC Teams: 283

- HBCT
- Not HBCT



**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





### III. Role of HBC (Continued)

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

### III. Role of HBC (Continued)

#### 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

### III. Role of HBC (Continued)

#### 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

### III. Role of HBC (Continued)

#### 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**