

Photo: Debra Jones



All members of the support group will receive ART when they need it

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## Introducing HIV treatment into two sexual and reproductive health clinics in the Dominican Republic

The lessons learned by PROFAMILIA

**Today, AIDS-related illnesses are the leading cause of death among women of reproductive age in the Dominican Republic, and yet the public health system is ill equipped to provide antiretroviral treatment (ART) on a wider scale. According to UNAIDS, only 10% of Dominicans in need of ART in 2005 actually received it. This situation has led to many deaths and the problem is further aggravated by widespread poverty, gender inequities, and stigma and discrimination around HIV/AIDS. PROFAMILIA, an NGO that has provided sexual and reproductive health (SRH) services for nearly 40 years in the country, recognized the need for HIV treatment and care, both in the general community as well as among its clients and started addressing the issue.**

Integration of HIV within SRH services was not new to PROFAMILIA; the organization had incorporated voluntary HIV counselling and testing (VCT) into its spectrum of services in the 1990s, and it also hosted a client-run support group for people living with HIV and AIDS (PLWHA). But the introduction of antiretrovirals presented a more complicated and daunting challenge,

not to mention some ethical concerns about long-term sustainability of providing ART. Nonetheless, PROFAMILIA was willing to face the challenges. It joined the Models of Care Global Initiative sponsored by the International Planned Parenthood Federation (IPPF) of which PROFAMILIA is a member association, and developed a one-year project to start this process in two of its clinics in the cities of Santo Domingo and Santiago. The project commenced in mid-2004 and ended in mid-2005 and was supported by GTZ, the German agency for technical cooperation. After the completion of the project, all services, including ART provision, continued and now PROFAMILIA plans to sustain them.

### A little ray of light

A support group, entitled Rayito de Luz ('little ray of light') was founded by several of the HIV-positive clients at the Dra. Evangelina Rodríguez clinic seven years ago. Although it started with only a few members, its participation has since grown to approximately sixty members. The support group continues to be completely self-run by the HIV-positive clients themselves, with meetings held inside PROFAMILIA facilities. A 52-year-old female participant explained that there is much harmony in the group. When someone is feeling sick, she said that the group would call him/her or visit him/her. The group is always in phone contact, checking up on each other. A 51-year-old female client in Santiago said: "I learned about PROFAMILIA's HIV/AIDS programme through my niece. I feel like the support group is my family."

### Multi-disciplinary approach

The first key lesson to integrating HIV treatment lies in partnerships. Staff from Columbia University in New York trains PROFAMILIA physicians and nurses in treatment of HIV and opportunistic infections. The Clinton Foundation helps the organization to procure antiretroviral medicines from abroad, including negotiating reasonable prices. IPPF/Central Office and the Western Hemisphere Regional Office provide programmatic and evaluation support. PROFAMILIA

### Lessons learned

- Successful integration of HIV treatment in existing sexual and reproductive health services requires a multi-disciplinary approach: combining the provision of clinical care with adherence support, emotional support, family and partner education and safer sex counselling.
- Client confidentiality can be promoted and stigma prevented by integrating HIV services into existing services and client flow; by encouraging HIV-positive clients to follow the same intake procedures as all other clients and offering HIV/AIDS-related counselling in the same area as other types of counselling.
- Because sexual and reproductive health clinics are already reaching sexually active people (especially women), they are an ideal avenue for offering VCT, and then continuing client care with those testing positive for HIV.
- Sensitization of staff, through raising awareness about the myths and prejudices surrounding HIV and AIDS, is crucial to securing support from staff at all levels.

also collaborates with a local network of HIV-positive people, which holds meetings at one of the clinics. During the implementation of the project, a model care team was formed, whose three key members (a doctor/internist, a counsellor/educator, and a licensed nurse) received extensive training in HIV/AIDS care and sensitization on issues faced by HIV-positive people. This multi-disciplinary team works to provide clinical care and treatment and ensure adherence to ART. It also offers emotional support, family and partner education and safer sex counselling.

Project activities have been integrated into existing services and client flow. Clients attending the clinics for HIV/AIDS services follow the same intake procedures as all other clients; signing in at the reception area and confidentially selecting the services they require. HIV/AIDS counselling takes place in the same area as other types of counselling, further protecting client confidentiality throughout the process. *“I feel like any other person in the waiting room. We sit in the same seats and share the same room as everyone else, and thus, I do not feel pinpointed. No one knows in the waiting room that I am HIV positive,”* a PROFAMILIA client said.

PROFAMILIA conducts monitoring and evaluation activities throughout project implementation. Staff from IPPF/WHO and Columbia University also conduct on-site visits and have frequent contact with project administrators to offer evaluation support and to help facilitate adjustments when required.

### Key successes

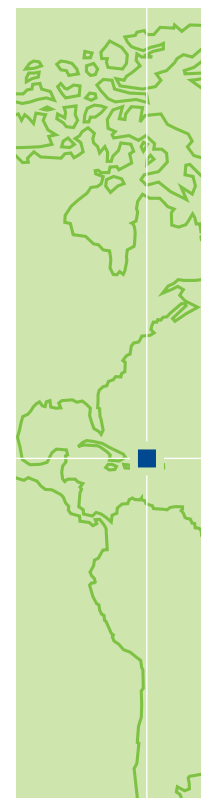
During the 2004-2005 project period, PROFAMILIA began receiving antiretrovirals from the Dominican Ministry of Health, as well as support for other costs including laboratory analyses, vitamins, treatment for opportunistic infections, hospitalization, X-rays and sonograms. Thus, the organization could offer a comprehensive HIV care package to clients at no cost – a significant achievement given the limited access and economic disparity across the country. Because the clinics were already reaching sexually active individuals (especially women), they were an ideal avenue for offering VCT, and then continuing client care with those testing positive for HIV.

Project administrators select clients for the ART programme through one of three criteria: 1) active members of the support group; 2) HIV-positive clients who are not involved in the support group; and 3) critical stage clients referred from other PROFAMILIA clinics. Clients who are clinically eligible for ART receive counselling on why they should consider treatment, including how antiretrovirals work with the immunological system and the importance of adherence.

Before commencing treatment, clients take vitamins for a four-week period to establish their habits of taking pills twice a day and also to strengthen their immune systems. Once a client is put on ART, he or she returns to the clinic weekly for counselling and to replenish the medicines. This allows the nurse to maintain close contact with the client during the beginning phase of treatment to determine if he or she is experiencing side-effects from the medications, and to address any questions or problems.

Clients are even given the home telephone numbers of PROFAMILIA staff in case they have problems during unofficial hours. Once stable on ART, clients meet with the nurse monthly and see the internist every three months, or when needs arise. The strength of the relationships that develop between clients and staff is considered to be a key factor in the success of the programme.

By the end of the one-year project period (in mid-2005), PROFAMILIA was providing HIV treatment and care to more than 165 clients, 67 of whom were receiving ART. The majority of these clients were women, and nearly a quarter was youth. The project resulted in good levels of adherence – monitoring and evaluation revealed that 95% of clients were staying on ART. This success, according to the team, is attributable to their multi-





disciplinary approach and especially the in-depth counselling and education services. Sensitization was another key element of the programme's success. Raising awareness about the myths and prejudices surrounding HIV/AIDS was crucial to securing support from staff at all levels. In addition, one-on-one training of HIV personnel helped to create a highly competent team, and a welcoming environment, free of stigma and not judgmental. Also, by integrating, rather than segregating HIV-positive clients, the clinics helped to protect client confidentiality and reduced stigma.

### Challenges

Subsidizing of HIV treatment and care is instrumental in getting clients to start and maintain ART, especially as most of the clients come from impoverished communities. However, this presents a significant programmatic and financial challenge. The sustainability of such an initiative is uncertain, and continuation of the service requires that PROFAMILIA and its partners, including the Dominican Ministry of Health, continuously seek alternative methods of subsidizing medication.

Another problem that needs to be solved is the continuing discrimination of PLWHA in public hospitals in the Dominican Republic. PROFAMILIA clients with opportunistic infections who require hospitalization have been referred to and rejected by the few public clinics and hospitals that offer medical services for PLWHA. The Santiago programme initially covered hospitalization for HIV-positive clients but found that the cost was excessive. Clients in both clinics consider hospitalization costs as one of their greatest concerns, as well as the inhumane treatment that HIV-positive people receive at public hospitals.

Another challenge PROFAMILIA faces is that the project is demanding in terms of labour requirement and the hours that staff need to put in. However, PROFAMILIA as an institution, is committed to ensuring that HIV treatment and care is sustained in its facilities. At the start of the programme, 41% of Santiago clinic staff had

not received training on HIV and AIDS in more than three years. Therefore, the organization had to invest heavily in continuous training, as well as on issues such as client's rights to confidential services, workers rights and HIV, sexual practices, and HIV and the rights of pregnant women. Dr Isaac Brito, an internist at the Rosa Cisneros Clinic in Santiago said: *"Constant training of personnel is critical because there are always new developments regarding HIV/AIDS. It is important that the team stay up-to-date on such developments."*

An unforeseen factor was the difference in client composition between the two clinics. The programme was first implemented in Santo Domingo and then expanded to Santiago. As the Santiago clients were significantly younger, providers there were unexpectedly presented with the need for PMTCT services for young and pregnant women living with HIV, whereas this scenario had not presented itself in the first client group at Santo Domingo. This necessitated a quick response from the supervising medical professionals at Columbia University, who provided immediate guidance and supervision in determining a treatment regimen for these women.

PROFAMILIA staff has demonstrated impressive dedication to their clients who are HIV positive. Much of the initial hesitation about integrating these services diminished when staff realized the dramatic impact they had. Ana Gloria, one of the educators commented: *"PROFAMILIA has compensated in one and a half years for the impotence of the past decade. We are saving lives."* Finally, the integrated, multi-disciplinary approach to HIV/AIDS care and treatment has become an effective model that will be replicated in the Dominican Republic through the National HIV/AIDS Strategic Plan. ■

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