

Title: Engaging community-based organisations in HIV care and treatment: the case of King's Hope Development Foundation, South Africa

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Presenter: Oral Abstract

Issues: The roll out of revised WHO guidelines recommending combination antiretroviral therapy (ART) for treatment of HIV and prevention of mother-to-child transmission (PMTCT) has encountered various challenges in communities of South Africa. Clients enrolled on ART are sometimes forced to travel long distances to hospitals and clinics to collect medications because only hospitals and a few clinics are accredited to initiate patients on ART. The involvement of community Based Organisations (CBOs) in the delivery of health care service is important to ensure sustainability of quality service delivery and continuity in treatment and care in communities.

Description: The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) through its Community Linkages program partners in Gauteng Province, including King's Hope Development Foundation (KHDF)-a CBO operating in and around Olivenhoutbosch Township, to ensure the care of people infected and affected by HIV and AIDS. The Olivenhoutboush Clinic had an ART defaulter rate (defined as percentage of clients who miss an appointment by more than 7days) of 20% in 2008. To reduce this defaulter rate, KHDF (in partnership with the Olivenhoutbosch clinic) received accreditation from the Department of Health to initiate clients on treatment and follow-up patients who are enrolled. This process of follow-up at a local health facility after patients have been stabilized on ART is called down-referral. The KDHF approach was unique because it is not a government-owned facility and CBOs are not usually accredited to provide health services. The CBO provides HIV treatment through a retired staff nurse, who is assisted by a social worker to counsel clients.

Lessons Learned: KHDF started by initiating nine clients on ART in January 2008 and by the end of January 2011 they had at total of 300 registered clients and 222 active clients who collected ART medications through King's Hope Offices. CBOs can assist in the initiation and follow-up care of patients on ART. Their participation in HIV care and treatment enabled increased access to HIV treatment at the community level. Through the KHDF initiative, patient loss to follow-up (percentage of clients who miss an appointment by at least 3 months) decreased from 12% in January 2008 to 7% in January 2011 in Olivenhoutboush. The availability of medication through community-level facilities creates a personal relationship between the patient and health care providers, enhancing trust between the two parties.

Recommendations: The government should recommend the use of CBOs to provide HIV treatment and follow-up to eligible clients in communities. CBOs can help facilitate easier access to medication and reduce the number of patients who default due to transport problems.

