

Title: Using Community Focal Persons to Improve Retention of HIV-Infected Individuals in Care and Treatment in Rural Settings of Lesotho

Authors: Oyebola OYEBANJI , Appolinaire TIAM , Tony ISAVWA , Leopold BUHENDWA , Allan AHIMBISIBWE , Mafusi MOKONE , Mamorapeli PUTSOANE, Matokelo FOSO , Neo RAMAJOE , Marethabile Nei, Matsepe PATELA' Moipone LETEBA

Presentation Type: Oral poster Discussion

Issues:

Lesotho has an adult HIV prevalence of 23.7%, the third highest HIV prevalence in the world. With an estimated 290,000 people living with HIV, Lesotho has been working toward a rapid scale-up of HIV care and treatment. HIV care and support coverage is currently at 79.4% nationwide. However, over the past one year the number of HIV care and treatment clients lost to follow-up (LTFU) in the country increased from 2,077 to 3,471 (from 2.9% to 6.2% of all clients on care and treatment). LTFU in Lesotho is a particular challenge due to geographic location, as there is much internal and trans-border migration to South Africa.

Description:

To improve client retention and clinical outcomes, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) supported the Lesotho Ministry of Health and Social Welfare (MOHSW) to improve patient tracking and referral systems through collaboration with Lesotho Network of AIDS Service Organization (LENASO). LENASO is an EGPAF sub-grantee whose work is focused on community outreach through community focal persons (CFPs). CFPs are volunteer lay workers who are given stipends and serve as links between health facilities and their own communities. CFPs liaise with facility-based community health workers, following up with clients who have not returned for scheduled appointments and bringing them back into care and treatment. CFPs are identified by health centre nurses and district health teams (the district and hospital health management teams) and are trained and mentored by LENASO program officers and LENASO district community coordinators, who also supervise CFPs and ensure that they maintain patient confidentiality at all times.

The health centre nurses and counselors record the client's physical address, phone number, and obtain client consent, allowing CFPs to follow up with clients. A list of client contact information is compiled every week using the health facility appointment books and registers. The list is then given to the CFPs who follow up with each client through home visits and offer supportive counseling on adherence to medication and referral back to care.

Lessons learned:

A review of site data from Machabeng Hospital, a district hospital serving a rural population of 69,749 with a high LTFU rate, was conducted by the EGPAF-Lesotho team in April 2011. A CFP

based in this hospital was able to follow 125 clients over the course of five months (from November 2010 to March 2011). The percentage of clients who had been lost to follow-up, traced and brought back into the facility for treatment increased from 32% in November 2010 to 93% in March 2011.

Next steps:

The use of CFPs has demonstrated improved retention in HIV care and treatment in one rural district hospital of Lesotho. EGPAF plans to further evaluate this study and recommend a strategy to scale this activity up to other districts in Lesotho.