

Track/Category:Track E 1: Integrating HIV inpatient and outpatient services, HIV-TB, HIV-STI, non-communicable disorders and other relevant diseases

Title: Family Health Days: An Innovative Approach to Providing Integrated Health Services for HIV and Non-Communicable Diseases Among Adults and Children in Hard-to-Reach Areas of Lesotho

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Key Words: HIV counseling and testing, integrated services, Family health days, identification of non-communicable diseases.

BACKGROUND

Due to Lesotho's high adult HIV prevalence (23%), considerable resources have been allocated to the HIV/AIDS response, while resources for non-communicable diseases have lagged. Since November 2011, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported Lesotho Ministry of Health to roll out Family Health Days (FHDs), an innovative strategy to increase community access to integrated health services, with a focus on hard-to-reach areas where immunization coverage, HIV service uptake, and screening and treatment for chronic diseases are low.

METHODS

Services were provided at mobile service delivery points from 17th October to 25th November 2011. Delivery points located in rural setting were staffed by multi-disciplinary teams of doctors, nurses, community workers, nutritionists, AIDS officers, and pharmacists (30-40 health professionals present).

RESULTS

During this campaign, 8,396 adults were tested for HIV (67.3% female; 32.6% male). In all, 588 (7%) tested HIV-positive (6.7% female; 7.1% male). Among those testing HIV-positive, 68.5% (403) received CD4 testing and 36.6% were enrolled into HIV care at their nearest clinics. A total of 324 ART defaulters were identified and linked back to care. Follow-up with referral facilities showed 100% of patients (defaulters and newly enrolled) linked to care were enrolled at a facility. Standard immunizations were administered to 990 children. 4,454 adults (24.7% male; 75.3% female) were screened for hypertension, and of those screened, 24.2% had elevated blood pressure and were linked to care centers. Additionally, 3,045 adults had blood sugar tests (27.0% males; 73.0% females); 3.1% had elevated blood sugar and were linked to care facilities.

CONCLUSION: Offering integrated services within hard-to-reach communities can increase access to a variety of critical health services, including those for non-communicable diseases, and can link ART clients lost to follow-up back to facilities. This approach will be scaled up throughout Lesotho as a strategy to reach all populations in the country.