



Strengthening referrals and the continuum of care: the 'VCT +' model

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Presentation outline

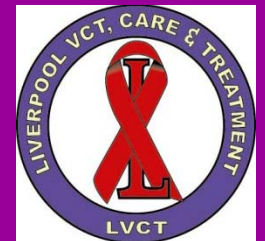
- **Background of the VCT + model**
- **The policy environment**
- **LVCT experiences in utilizing CD4:
strengthening referrals & the continuum of
care**
- **Lessons learnt**

Liverpool VCT, Care & Treatment – Kenyan NGO

- **Strengthening Government and Partner response to HIV prevention, care & treatment**
 - Training – 70% of Kenya's 3,000 counsellors
 - QA for services & strengthening coordination
- **Scaling up HIV CT, care/ART, Post Rape Care services**
 - >900,000 tested & received results
 - Supported 400 of >1,000 VCT sites, provides MVCT & CBHCT
 - 17,000 on palliative care & 6,500 on ART
- **Services to vulnerable groups**

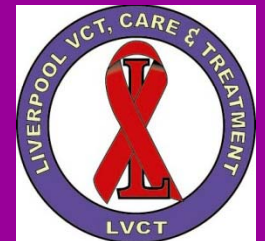
History of CD4 availability for LVCT

- HIV clinic started in 2001 as “ post testing services”
- Prohibitive ART prices - approx US Dollars 5,000/ year pa/patient
- Primarily palliative palliative care
- Selective CD4 done - who could afford, on need for ART and to start Septrin



Policy environment

- **National ART guidelines – 2003**
- **Recommended – ART for all clients with CD4 <200 ART and bi-annual CD4**
- **Drop in ART prices to approx USD 300 pa/client**
- **CD4 done in private & large volume facilities**
- **VCT sites – registered**
- **Government supply of test kits to all sites accountable to Kenya Medical Supplies Agency**



Developing the 'VCT +' model site - rationale

- **Poor referrals**
- **No links in the continuum of care**
- **Missed opportunities for:**
 - **early identification of patients with advanced disease**
 - **asymptomatic patients**
 - **triage for those requiring further counseling**
- **Potential to delay disease progression**
- **Potential to increase prevention benefits of VCT**

The 'VCT +' model

- VCT site offers CD4 to all HIV +ve diagnosis
- Entry to HIV care/ART at point of diagnosis
- On-going counselling offered
- VCT+ now an entry point to index client f/u
- Staffing:
 - 4 VCT counsellors, 2 clinical officers, 2 laboratory personnel, 1 pharmacist



Capturing opportunities for early identification

- Patients attending Hurlingham VCT+ clinic at LVCT 2005-2007 (n=17,213)
Male: 7296 (42%) Female: 9917 (57%)
- Uptake from VCT services 16,572 (96.3%)
- CD4 median – 220 vs national average of 122

What does this mean?

- **Loss to referral is drastically minimized**
- **Early identification of levels of disease advance**
– **entry to care at high CD4**
- **Clients access immediate care & treatment**

Scaling up VCT+ model

- **LVCT scaled up 'VCT+' to 3 sites**
- **Strengthening continuum of care further – RH services & nutrition**
- **Regular QC done through reference lab**
- **QC done for peripheral sites through training & control sample collection for proficiency tests**



Lessons learnt

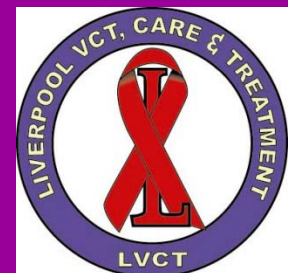
- Ensuring quality of tests through regular QC
- Utility of VCT as entry point to care enhanced
 - CD4 testing
 - adherence counselling
 - supported disclosure
- Strengthens regular CD4 monitoring
- Data utilization to determine extent of referrals & continuum to care



Conclusion

Provision of CD4 testing at VCT points improves the benefits of CT, referral linkages and access to treatment potentially leading to lower viral loads and decreased HIV transmission risk thus attaining the goals of prevention and treatment

‘VCT+’ services to be considered for scale-up



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