

Briefs of a scientific lecture held on May 18 2006 at Davies Lecture Theatre:

Topic	Urban HIV/AIDS Challenges require Creative Solutions
Presenter	Prof. Keith MacAdam
Chair	Dr. Isreal Kalyesubula.
Rapporteur	Dr. Godfrey Bwire
Attendance	110 people attended; 51 females, 59 males
Audience	Members of staff and students of Medical School, Staff of Mulago Hospital, Staff of IDI and Medical workers from other health facilities in and around Kampala.
Main discussion points	<p>Background: AIDS in Uganda was first described as ‘Slim Disease’. Commitment from the political leaders with concerted efforts from local non-governmental agencies especially, The AIDS Support Organization (TASO) have seen the national HIV prevalence reduce dramatically.</p> <p>Infectious Disease Institute (IDI) This is an initiative of the Academic Alliance for AIDS Care and Prevention in Africa. It was dedicated and opened in October 2004. Its services include; clinical, training, laboratory, research and prevention.</p> <p>Challenges of IDI</p> <ul style="list-style-type: none"> - Extensive in-patient Routine Counselling and Testing with limited resources for follow-up care and treatment (3,700 patients on ART out of 7,500 active patients and over 14,00 registered patients. - Long clinic waiting times. - Complicated cases intermingled with basic level care. <p>Challenges for Care Givers in Kampala.</p> <ul style="list-style-type: none"> - Demand out-stripping capacity, compounded by people moving to Kampla to seek care, most facilities are not equipped to provide and monitor ART. This has led to few PHAs receiving treatment. - Lack of coordination. This has led to patients ‘shopping around’ for treatment and changing stories to receive treatment. - Increasing resistance. <p>Proposed IDI and Kampala City Council (KCC) Partnership. (Urban Care Model). Aimed at providing comprehensive care and treatment to OLHA through a tiered referral system by:</p> <ul style="list-style-type: none"> - Building capacity of KCC through training in clinical care, management and administration, and HMIS. - Complementing and strengthening existing TB services as points of entry and referral to tertiary care as necessary. - Developing and strengthening formal referral mechanisms from tertiary level to community. <p>Types of Capacity Building Required</p> <ul style="list-style-type: none"> - Staff training/ on-going support.

- Laboratory equipment/ training/ quality assurance
- Equipment to support stable power supply
- Pharmacy support/logistics for uninterrupted drug supply
- Mechanism for Information gathering/sharing.
- Quality control.

Key assumptions

- Patients more likely to seek care near their homes.
- Routine care possible from many different types of providers.
- Broadening base of caregivers providing ART will open up current bottleneck.

Expected Results

- Will enable confident referral to urban health care centers for quality HIV care.
- Will further develop and strengthen the urban public health care sector for overall health care improvement.
- Will leverage international public-private partnerships while fostering natural in-country partnerships.
- Will increase access to ART in Kampala

Creativity Initiative at IDI.

Goal: To promote adherence through encouraging clients to become part of creative communities in the clinic.

- Led by Client/Friends
- 5 groups co-chaired by friends and volunteers
 1. Games.
 2. Music, dance and drama
 3. Art and crafts
 4. Entrepreneurialism
 5. Social and spiritual support.
- Key participants developing sustainability plans.
- Will develop creative communities supporting adherence throughout Kampala.

Community empowerment

- Decentralise ART
- 'Demedicalize' ART
- Involve the Community: KCC and CBOs.
- Move from individualized to family-based care.
- Shift responsibility from care providers to care receivers/clients
- Empower patients with information
- Encourage creative peer support groups.
- Emphasize prevention strategies.
- VCT/RTC with same-day HIV test.

Questions / Comments:

Comment: Stigma is still a big issue influencing health-seeking

behaviour. The need for free ARVs cannot be overemphasized and yet adherence is the key to the future of ART and presents a big challenge.

Qn. IDI sees an average of 300 patients a day, are you planning to send the patients seeking primary care back to other smaller facilities?

Answer: First, we have to build capacity at the lower centers then relay patients.

Qn: Over 95% of the population want to test for HIV, how come there are still stigma issues?

Answer: This will definitely reduce with time and in it will need concerted efforts.

Qn. How is IDI addressing the problem of long waiting time?

Answer.

- Increased pharmacy technicians
- Nurse training
- Introduced Nurse-Physicians who see can see patients
- Introduced pharmacy only visits for stable patients.