



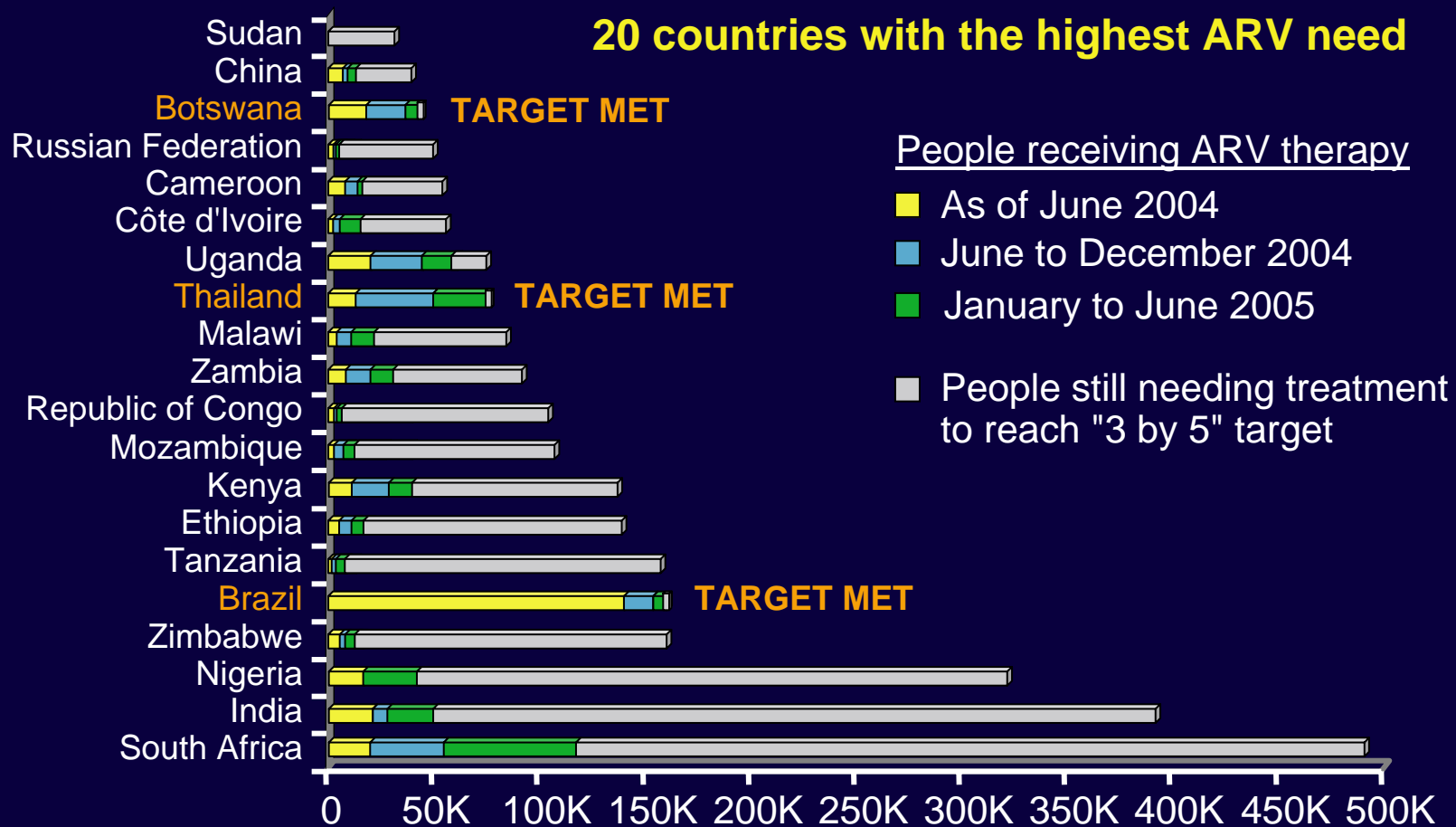
ACTION PROJECT

Institute of Human Virology -
Nigeria

Institute of Human Virology,
Nigeria



Progress Toward "3 by 5" Targets



PEPFAR Programs

- Nigeria, Cote d'Ivoire, RSA, Botswana, Zambia, Tanzania, Rwanda, Uganda, Kenya, Ethiopia, Mozambique, Namibia, Haiti, Guyana, Vietnam
- How to treat AIDS in Africa?
- Nigerian epidemic, HIV subtype A-G
- Data limited from FGN programs so far
- Drug regimens limited
- USG and FGN demand numbers

Institute of Human Virology,
Nigeria



PEPFAR Programs

- How do we start a program that is capable of meeting the demand for numbers but does not sacrifice quality in the process?
- How do we design a program that allows us to accumulate data on best clinical practice as we implement?

Institute of Human Virology,
Nigeria



Intuitive

- People do best with their own doctor
 - Trust
 - Adherence to therapy
 - Adherence to follow up appointments
 - Longitudinal care by the same team
 - Early recognition of problems

Faith Alive Foundation Jos, Plateau State

- Catholic Relief Services – PEPFAR
– Faith-based collaboration
- 1500 patients under care, 1000
under ARV therapy
- Community-based within Jos and
surrounding area
- Started December 2004

Institute of Human Virology,
Nigeria



Faith Alive Foundation

- TEAM MODEL
- 4 physician – nurse – counselor teams
- Each team ALWAYS works together
- Each team ALWAYS sees its own panel of 375 patients

Institute of Human Virology,
Nigeria



Faith Alive Foundation

- Counselors drawn from PLWHA in community
- Establish local relationship with panel of patients
- Adherence improved
- Follow up improved
- Outcomes improved

Institute of Human Virology,
Nigeria



ACTION Clinics

- Faith Alive is a small community health centre
- All ACTION sites are large teaching hospitals
- How do we take the best of FAF and adapt it to ACTION
 - Continuity of care
 - Community base

Institute of Human Virology,
Nigeria



ACTION clinics

- The “firm” system is a tertiary care solution to the problem of continuity
- Used in Nigeria, U.K. and U.S.A. to allow teams of “transient” house officers to see their “own” patients
- A FIRM is the same as a TEAM
- University Consultant led, with ACTION doctors, nurses, and counsellors

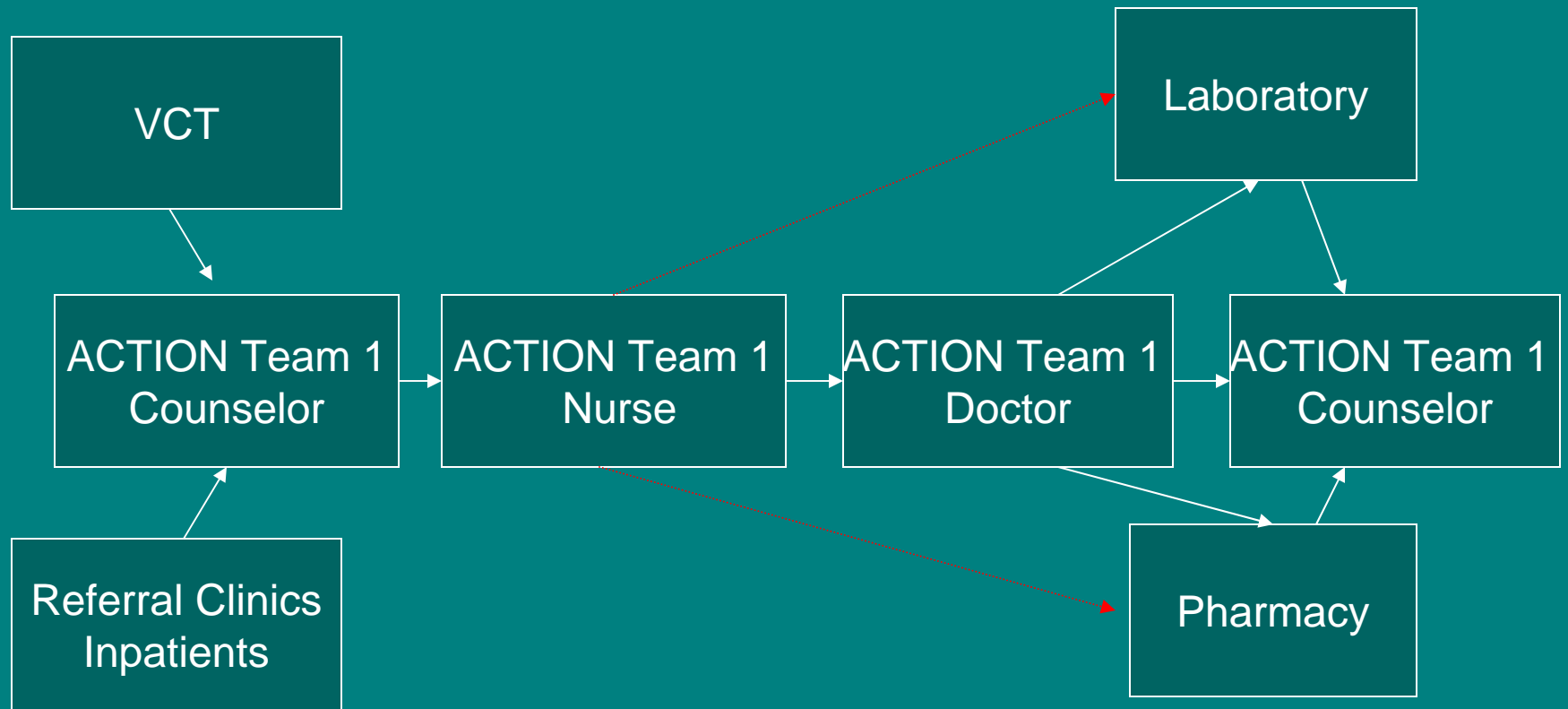
Institute of Human Virology,
Nigeria



ACTION clinics

- Each ACTION doctor will be paired with the same nurse and the same counselor for each clinic session. This is the TEAM.
- Consultants may supervise more than one ACTION team but should try to stay with the same teams for continuity
- Each ACTION team should see its “own” patients

ACTION flow



Institute of Human Virology,
Nigeria



ACTION clinics

- Optimum patient load per team initially set at 400
- 5 teams per site
- New patients and follow up patients seen by each team
- It is likely all teams will need to see patients on most clinic days

Institute of Human Virology,
Nigeria



ACTION clinics

- Community base
 - Inpatient “hospital community”
 - Outpatient “wider community”
 - The Counselor is the link to the community
 - May be recruited from the local area
 - May be a person with HIV/AIDS
 - Acts as a guide to the system for patients from initial HIV positive test through to refilling ARV prescription