

## Facility Integrated ART centres

### Background & rationale:

The ART programme has been scaled up significantly both in terms of facilities for treatment and number of beneficiaries seeking ART. Currently (Dec' 2013) there are 409 fully functional ART Centres with nearly 7.34 lakh patients on ART. Along with this 872 Link ART Centres primarily established for dispensing ARV drugs, monitoring side effects and treating minor OIs. Among this 154 LACs have been upgraded as LAC plus centres to provide Pre ART services additionally.

Increasing access and promoting comprehensive care, support and treatment for PLHIVs is one of the important priority of NACP IV. Epidemiology of the disease in the country has changed and rising trends of HIV prevalence and new infections have been observed in low prevalence states of North India – Assam, Arunachal Pradesh, Chandigarh, Chhattisgarh, Delhi, Jharkhand, Meghalaya, Orissa, Punjab, Tripura, Uttarakhand. This underscores the need for the program to focus more on these states with low prevalence, but high vulnerability. **With changing priorities & epidemic patterns, the programme has to customise its strategies to effectively address the emerging vulnerabilities and adapt them to suit the requirements of different geographical regions.**

At the same time, integration of the services with general health system is one of the priority areas that demand newer modalities to reach out to all populations.

### Proposal :

In view of the above, it is required to have newer models of service delivery to improve access of patients to ART services and reduce inconvenience, travel distance & at the same time to rationalise & optimally utilise the resources available. It is proposed to have integrated approach towards HIV Treatment, care & support, with contributions from the program with health system. These centres will be known as “**Integrated ART centres**”. These centres will also work as model centres for districts that have lower HIV prevalence including those areas that are difficult to reach and where it is intricate to start full-fledged ART centres.

### Goal and Objectives:

To provide comprehensive package of Care, Support & Treatment services to PLHIV in low HIV prevalent districts/ regions

Objectives:

- Register and provide Care, Support & Treatment services to all & monitor patients in HIV care (Pre-ART) regularly
- Identify eligible PLHIV requiring ART and initiate them on ART in a timely manner as per the NACO guidelines
- Provide ART & OI drugs to eligible PLHIV
- Provide treatment adherence and counselling services before and during treatment to ensure high levels of drug adherence.

### Selection Criteria for Integrated ART Centres:

Accordingly, it is proposed to categorise the states as detailed below and revise the norms accordingly:

- a. LAC /LAC plus centres with high patient load (>100) shall be given for Integrated ART centre subject to availability of basic minimum facilities

- b. All A & B category districts to be covered by ART centres and other districts at least 200 - 500 PLHIV in the district as per ICTC data during last 5 years. Criteria may further be relaxed for in hilly terrains, desert areas, tribal regions and other areas with difficult accessibility .
- c. Districts with high HRG population as per new district categorisation
  - d. Districts which are source / destination migrant districts.
  - e. Districts to be clubbed to have defined catchment area if case load in a particular district is low and does not warrant the need for a full fledged ART Centre.
  - f. This model may also be used to decongest the existing high load ART centres in high prevalence districts

**Structure:**

**Functions:** Integrated ART centres will be carrying out all necessary functions mentioned in the NACO ART operational guidelines 2012, of ART centres for the patients that are registered with it.

**Space:** The centre will be part of the outpatient department of the institution/ Hospital where it is located. Two dedicated rooms of 10 X 10 feet size will be earmarked for the routine activities of the centre one for the medical officer and one for counselor cum data manager.

**Human resources:** The services like laboratory, pharmacy etc. will be supported by the institution. The centre will be functional under one of the senior faculty/ physician of the institution/ hospital who will be over all in charge of all the activities. Additionally, DAC will support the following contractual staff for carrying out day to day responsibilities.

For PLHIV Alive on ART up to 300:

- One medical officer (MBBS),
- One Counselor cum data manager
- One Staff nurse

For PLHIV Alive on ART from 300-500: An additional counselor will appointed

If the no. of PLHIV alive on ART exceeds 500, then the centre will be considered to be upgraded to full- fledged ART centres

**Financial implications:** The centre will receive INR 1.5 lakhs as non-recurring grant for minor renovation and furniture and INR 50,000 every year as operational cost. All contractual staff will receive salary as per approved NACO norms.

**Expected benefits:**

- The integrated ART centres will stand out as model centres of HIV treatment, care and support for districts/ regions having low prevalence of HIV
- These centres will be noticeable as one of the best examples of integrated service deliver sites in HIV treatment
- These centres will also serve as cost effective model of care for small no. of patient load
- It will further help in decentralisation of services and hence enhance access to treatment by reducing travel time and expense of patients to reach the facility
- These centres will also help to decongest the existing high load ART centres
- Integration of HIV care with general health systems