SAME – DAY ART SERVICES

The Three Eras: Standard, SUFA, Test & Treat Era

Ketut Suryana

Merpati Clinic, HIV/AIDS Services Unit
Wangaya Type B Teaching Hospital of Denpasar Bali

Jakarta, 8-9 December 2018
Wangaya Type-B Teaching Hospital of Denpasar, Bali

Total Population of Bali 3,890,757

Wangaya Type B Teaching Hospital
(Capacity ± 200 beds)

Total Population of Denpasar 788,589
Merpati Clinic

Merpati clinic is one of Services Unit in Wangaya Type B Teaching Hospital especially in HIV/AIDS. Operated since October 2005

The activities:

1. Medical services
   • Voluntary Counseling and Testing (VCT)
   • Provider Initiated Testing and Counseling (PITC)
   • Prevention Mother to Child Transmission (PMTCT)
   • Care Support and Treatment (CST)
   • Coordination to other Health services
     - Primary Health Care; Continuing Comprehensive Services
     - others Hospital: Case referral/Consultation

2. Teaching (Medical Faculty of Udayana University)

3. Research
**Human Resources**

**ORGANIZATION**

**Head / Consultant**
Dr. dr. Ketut Suryana, SpPD, K-AI, FINASIM

**Secretary**
dr. Zaenab Almansyur

- **VCT Services**
  - Coordinator of counselor
  - Puji Astuti, SPd
  - Counselor
  - Made Putri Stuti, SH (NGO)

- **Laboratory**
  - dr. Gd Ngr Budihasa, SpPK

- **CST Services**
  - CST (doctor)
  - dr. Zaenab Almansyur
  - CST Nurse
  - Ida Ayu Indah

- **Pharmacy**
  - Made Madiarata, Ssi, Apt

- **PMTCT Services**
  - Obstetric-Gynecology
  - Pediatric
  - (Coordination)

- **Recording and Report**
  - Ida Ayu Indah

- **Administration**
  - Luh Gede Yuliawati, SS (NGO (4))

**Full Time Human Resources**: doctor (1) ; nurse (2) ; administration (1) ; NGO (4)

Dr. dr. Ketut Suryana, SpPD, K-AI, FINASIM (consultant)
Puji Astuti, SPd (Counselor & CST)
Ida Ayu Indah (Recording & Report)
Luh Gede Yuliawati, SS (Administration)
NGO (4)

**Merpati Clinic**
Wangaya Type-B Teaching Hospital of Denpasar, Bali.
ACTIVITY
Entry point of the clients:
- Outpatient
- Emergency unit
- Wards
- ICU
- Private practitioner
- Private Hospital
- Police Hospital
- Army Hospital
- Health centre
- NGO or come lonely

Merpati Clinic
- Registration
- Pre Test counseling
- Informed consent
- HIV Rapid Test
- Post Test counseling

Result
Counseling post test
- Non Reactive → Repeat test in next 3 months
- Reactive → Clinical assessment TB Screening Lab. as far as needed

CST (Biopsychosocial approach)
- Prefer adherence
- Treat the OI and others clinical abnormality optimally

Psycho-social support → No discrimination No Stigmatitation

Elizabeth Kubler Phenomenon
(DADBA: Denial, Angry, Depression, Bargaining, Acceptance)

KETUT Phenomenon (CPR / Client Psychological Response):
- Kecewa / Disappointed
- Emosi / Angry
- Tolak / Denial
- Upayakan / Attempt
- Terima / Acceptance
AT THE START OF OUR SERVICES
THE MAJOR IDENTIFIED PROBLEMS ARE:

- Client Psychological Response (CPR)
- The HIV/AIDS information /understanding level
- Family members support

Bio-psychosocial approach
CLIENT PSYCHOLOGICAL RESPONSE (CPR)

Original article

**K E T - U - T PHENOMENON**

Psychological Response of Client (People Living With HIV / AIDS) in Merpati Clinic, Wangaya Type B Teaching Hospital of Denpasar - Bali

*(Pre and post Test Study)*

Ketut Suryana, Puji Astuti, Putri Stuti, Yuliawati

Wangaya HIV Study Group (WHSG)
Email: ketutsuryana@gmail.com

**ABSTRACT**

**Background**: AIDS is a frightening disease, it is one of the mortal disease and there is still no cure for it. The HIV/AIDS understanding level of some population and family member support are inadequate. These conditions affect the Client Psychological Response (CPR) especially when the serologic anti-HIV test results was reactive. Care Support Treatment (CST) in Merpati Clinic, Wangaya Type-B Teaching Hospital of Denpasar, Bali has been packed as a CST Innovation not for the client only, also for the family member who will support optimally. The CST Innovation include attempts (Upaya) that covers the biopsychosocial approach which are assisted by officers when clients visit to the Clinic each 2 weeks – a month routinely. Bio is handling the disease and coordinating access to services. Psycho is psychological support to accept existing reality, adherence to treatment. Social is provide good and true HIV/AIDS understanding of clients and their family members in order to support optimally, minimize discrimination and stigmatization.

**Objectives**: To find out the description of CPR, the HIV/AIDS understanding level and family member support before and after Care Support Treatment Innovative assistance efforts were carried out.

**Materials and Methods**: Pre and Post test study on 200 clients reactive serologic anti-HIV who were visited Merpati Clinic, Wangaya Type-B Teaching Hospital, Denpasar, Bali. For 100 clients were verified about the HIV/AIDS understanding level (Is the HIV / AIDS dangerous diseases ?, Is the HIV / AIDS transmitted diseases?, Are there anti-HIV / AIDS drugs?). A minimum level of understanding of HIV / AIDS (can answer well only 1 out of 3 questions) and an optimal level of understanding of HIV / AIDS (can answer with good at least 2 of 3 questions). Family member support (Always : any times support as needed; sometimes : most of the times support as needed; and never-rare : closed clients). Assessment the CPR by officers during counseling the serologic test results before 1 year of service innovation assistance efforts were carried out and 100 clients were verification about the HIV/AIDS information/understanding level and assessment the CPR by officers during counseling the serologic test results after 1 year of service innovation assistance efforts were carried out. The HIV/AIDS understanding level is verified by 3 questions regarding basic information of HIV/AIDS. CPR is described as KET-U-T Phenomenon, include : Kecewa (K) / disappointed, Emosi (E) / emotion, Tolak (T) / denial. The efforts as a assistance / upaya (U) that expected finally to lead the client Terima (T) / acceptance the results of serologic test (anti-HIV reactive) as an existing reality.

**Results**: A total of 200 clients (Reactive Serologic Anti-HIV) were verified regarding the HIV/ AIDS understanding level and CPR assessment. One hundred (100) clients were recieve post-test counseling before 1 year of service innovation assistance efforts were carried out and 100 clients were recieve post-test counseling after 1 year of service innovation assistance efforts were carried out. Overall : before service innovation are implemented : clients with the HIV/AIDS understanding level at least 68 (68.0%) and clients with the optimal HIV/AIDS understanding level : 32 (32.0%). While the description of CPR : disappointed (K) : 42%, Emotion (E) : 13%, Denial HIV test results (T) : 30%, clients who can accept the reality (T) : 15%. After 1 year of service innovation at the Merpati Clinic, Wangaya Type-B Teaching Hospital of Denpasar, Bali; a reassessment was conducted regarding the HIV/AIDS understanding level and CPR. The HIV/AIDS understanding level at least 26 (26.0%) and clients with optimal the HIV/AIDS understanding level : 74 (74.0%). While CPR during post-test counseling on 100 clients who are serologic anti-HIV reactive : disappointed (K) : 18%, emotion (E) : 2%, denial (T) : 5%, and who were acceptance (T) : 75%.

**Conclusion**: Our study provides Client Psychological Response (KET-U-T Phenomenon), the HIV/AIDS understanding level and family members support after CST innovation (biopsychosocial approach) was improving to accept the reality.
# General characteristic of study participants

<table>
<thead>
<tr>
<th>Variables</th>
<th>Ex-Ante/Pre /Before Care Support Treatment (Service Innovation)</th>
<th>Ex-Post/Post / After Care Support Treatment (Service Innovation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 100 (%) / Mean ± SD</td>
<td>N = 100 (%) / Mean ± SD</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>66 (66,0%)</td>
<td>51 (51,0%)</td>
</tr>
<tr>
<td>Female</td>
<td>34 (34,0%)</td>
<td>49 (49,0%)</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td>38,67±0,91</td>
<td>36,23±1,05</td>
</tr>
<tr>
<td><strong>Education status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary School</td>
<td>39 (39,0%)</td>
<td>24 (24,0%)</td>
</tr>
<tr>
<td>Junior High School</td>
<td>17 (17,0%)</td>
<td>10 (10,0%)</td>
</tr>
<tr>
<td>High School</td>
<td>33 (33,0%)</td>
<td>53 (53,0%)</td>
</tr>
<tr>
<td>University</td>
<td>11 (11,0%)</td>
<td>13 (13,0%)</td>
</tr>
<tr>
<td><strong>HIV/AIDS understanding / Information Levels</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal (can answer well only 1 of 3 questions)</td>
<td>68 (68,0%)</td>
<td>26 (26,0%)</td>
</tr>
<tr>
<td>Optimal (can answer well at least 2 of 3 questions).</td>
<td>32 (32,0%)</td>
<td>74 (74,0%)</td>
</tr>
<tr>
<td><strong>Family Member Support Levels</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always: any times support as needed</td>
<td>22 (22,0%)</td>
<td>62 (62,0%)</td>
</tr>
<tr>
<td>Sometimes: most of the times support as needed</td>
<td>32 (32,0%)</td>
<td>26 (26,0%)</td>
</tr>
<tr>
<td>Never - rare: closured clients</td>
<td>46 (46,0%)</td>
<td>12 (12,0%)</td>
</tr>
</tbody>
</table>
Study Algorithm (KETUT-Phenomenon)

- The HIV/AIDS information / understanding level
- Family members support

N=100 participants
(Dec ‘2009 – Oct ‘2011)
Study Algorithm (*KETUT*-Phenomenon)

Post Test Counseling

- **K** (Kecewa/Disappointed): 18%
- **E** (Emosi/Angry): 2%
- **T** (Tolak/Denied): 5%
- **U** (Upaya/Attempts): Post innovative CST/Post innovative CST
- **T** (Terima/Acceptance): 75%

Ex-Post (Post Innovative CST/Bio psychosocial approach)

- The HIV/AIDS information/understanding level
- Family members support

N=100 participants (Juny 2012 – Juny 2014)
### The Association of Care Support Treatment Innovation / Upaya Dampingan (U) with HIV/AIDS Knowledge / Information Levels, Family members support and KET-U-T Phenomenon

<table>
<thead>
<tr>
<th>Variables</th>
<th>Care Support Treatment Innovation / Upaya Dampingan (U)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ex-Ante / Before (%)</td>
<td>Ex-Post / After (%)</td>
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<tr>
<td>HIV/AIDS understanding / Information Levels</td>
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<td>Never - rare</td>
<td>46 (46,0%)</td>
<td>12 (12,0%)</td>
</tr>
<tr>
<td>KET-U-T Phenomenon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K (Kecewa) / Disappointed</td>
<td>43 (43,0%)</td>
<td>18 (18,0%)</td>
</tr>
<tr>
<td>E (Emosi) / Emotion</td>
<td>12 (12,0%)</td>
<td>2 (2,0%)</td>
</tr>
<tr>
<td>T (Tolak / Denial)</td>
<td>30 (30,0%)</td>
<td>5 (5,0%)</td>
</tr>
<tr>
<td>T (Terima) / Acceptance</td>
<td>15 (15,0%)</td>
<td>75 (75,0%)</td>
</tr>
</tbody>
</table>

Nonparametric Test Kolmogrov-Smirnov with p-value < 0,05
Comparison KETUT Phenomenon
Between before and after CST Innovation (Biopsychosocial approach)
Conclusion of the study:

Our study provides Client Psychological Response (KET-U-T Phenomenon), HIV/AIDS information / understanding level, Family members support after CST innovation (bio-psychosocial approach) was **improving to accept the reality**
Number of Client Visit Data in Merpati Clinic
Wangaya Type B Teaching Hospital of Denpasar Bali
Period: Oct 2005 – Nov. 2018
WHO Guideline

- 2005 → Standard Era: start ARV CD4 < 200
- 2010 → start ARV CD4 < 350
- 2014 → start earlier, CD4 > 350
  but CD4 < 350 is the priority to start ARV
- 2016 → SUFA (Strategic Use of ARV)
- 2018 → The universal HIV treatment program (Test and Treat)

STANDARD ERA (CD4 < 200 Cell/µL)

→ SUFA (CD4 < 350 µL): T O P (Temukan, Obati, Pertahankan) !!!
→ TEST & TREAT → T O P on The T O P !!!!!

Motivational Interviewing

90 – 90 - 90

diagnosed
On Treatment
Virally suppressed
**Link of Coordination**

Coordination Forum at City / Province Level (KPA)

- Province Levels
- District / City Level
- Primary Health Centre

**MERPATI CLINIC**
Wangaya Type-B Teaching Hospital of Denpasar, Bali
Treatment & Prevention

**PLWHAs Key Populations**

- Family members
- NGO / Volunteer
- Social workers
- Informal leader
- Karang Taruna
- Others

Merpati Clinic
Wangaya Type-B Teaching Hospital of Denpasar, Bali
Jakarta, 8-9 Dec. 2018
Test and Treat
(Same-day ART Services / ≤ 7 days)
TEST AND TREAT

- A New comprehensive strategy may offer hope for improving the care of PLWHA and preventing transmission of the disease or paradigm for slowing the spread of HIV
- With the implementation of test- and -treat, anyone testing HIV positive will immediately be offered life-long ART:

  Same – day ART Services
  or ≤ 7 days
Test and Treat covered
Preliminary results of 3 months (Sep-Nov 2018) after Implementation of a Universal Treatment Program (Test and Treat)

- Number of HIV patients initiated on ARV treatment after implementation of Test and Treat, September 2018 (n = 17)
  Test and Treat covered: (17 - 1) : 17 x 100% = 94.12%
  Delayed Start ART (1 of 17)
  Opportunistic infection: oro-esofagial candidiasis (1)

- Number of HIV patients initiated on ARV treatment after implementation of Test and Treat, October 2018 (n = 24)
  Test and Treat covered = (24 - 6) : 24 x 100% = 75.0%
  Delayed Start ART (6 participants): CAP (2), PCP (2), not ready (1), OAT initiation (1)

- Number of HIV patients initiated on ARV treatment after implementation of Test and Treat, November 2018 (n = 20)
  Test and Treat covered = (20 - 4) : 20 x 100% = 80.0%
  Delayed Start ART (4 participants): TE (2), PCP (2)
Adherence

Adherence = 1 (> 95%) = < 3 dose not taking for 30 days
= 2 (80-95%) = 3-12 dose not taking for 30 days
= 3 (<80%) = > 12 dose not taking for 30 days

All of the participants test and treat implementation with good adherence = 1 (> 95%)
TEST and TREAT
Total HIV Test, HIV positive, Taking ARV
in Merpati Clinic Wangaya Type-B Teaching Hospital of Denpasar, Bali (Sept - Nov 2018)

<table>
<thead>
<tr>
<th>Month</th>
<th>HIV test</th>
<th>HIV +</th>
<th>ARV</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>68</td>
<td>17 (25.0%)</td>
<td>16 (94.1%)</td>
</tr>
<tr>
<td>October</td>
<td>72</td>
<td>24 (33.3%)</td>
<td>18 (75.0%)</td>
</tr>
<tr>
<td>November</td>
<td>146</td>
<td>20 (13.7%)</td>
<td>16 (80.0%)</td>
</tr>
</tbody>
</table>
Total HIV Test, HIV positive, Taking ARV
in Merpati Clinic Wangaya Type B Teaching Hospital of Denpasar Bali
(In The Three ERAs)

Start ARV: CD4 < 200 cell/μL

SUFA Era (2016 - August 2018)
Start ARV: For all high risk groups, PLWHA with CD4 < 350

Test and Treat Era (Sept-Nov 2018)
The Universal HIV Treatment Program

<table>
<thead>
<tr>
<th>Era</th>
<th>Total HIV Test</th>
<th>HIV +</th>
<th>ARV</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUFA Era (2016 - Aug 2018)</td>
<td>4560</td>
<td>1379</td>
<td>748</td>
</tr>
<tr>
<td>Test and Treat Era (Sept-Nov 2018)</td>
<td>286</td>
<td>61</td>
<td>50</td>
</tr>
</tbody>
</table>
TEST and TREAT Era

Total HIV Test, HIV(+), Taking ARV (on the same Day)
Sep – Nov 2018

HIV Test: 286
HIV +: 61 (21.3%)
Taking ARV (≤ 7 days): 50 (81.9%)
Taking ARV (same day): 22 (44.0%)

Merpati Clinic
Wangaya Type-B Teaching Hospital of Denpasar, Bali
Jakarta, 8-9 Dec. 2018
Summary

- The ART target achievements were increase significantly especially after Test and Treat strategy implementation

- The ARV Therapy would be successfully, by
  - works hard
  - coordination-communication (among the health care providers, clients, family members support), logistic and other facilities
  - comprehensive biopsychosocial approach
Baris Massal
Progress on 90-90-90 Targets (When?)

Zero New Infection
Zero AIDS-related death
Zero discrimination