



Clínica Episcopal Esperanza y Caridad

Ministerio de la Iglesia Episcopal Dominicana

C/ Sánchez #9, Sector Miramar

San Pedro de Macorís, SPM 21000 República Dominicana

Esperanza y Vida

A service program of integrated care for people living with HIV/AIDS

The Esperanza y Vida integrated care program is a program of Clínica Esperanza y Caridad, a health ministry of Iglesia Episcopal Dominicana.

The integrated service program **Esperanza y Vida** began on 15 May 2007 in grateful memory of Lic. Luis Saturria, a past Director of Projects for Esperanza International, for his contributions toward the inclusion of a practical ministry to people living with HIV/AIDS in the mission and vision of Clínica Esperanza y Caridad.

Integrated care services **Esperanza y Vida**: this program provides clinical care, mental health services, and social services to people living with HIV/AIDS, their families, and their caregivers. All basic services are provided completely free of charge for clients.

OBJECTIVES

- Improve the quality of life for people living with HIV/AIDS and for their families.
- Increase access to prevention of HIV/AIDS among people living with HIV/AIDS, their families, and the wider community.
- Reduce the transmission of HIV in those groups with the highest risk of infection with HIV.

SERVICES OFFERED BY THE INTEGRATED CARE PROGRAM ESPERANZA Y VIDA

- Free voluntary HIV testing.
- Free pre- and post-test HIV counseling.
- Emotional, psychological, and spiritual help for people infected and affected by HIV/AIDS.
- Medical consultations.
- Provision of anti-retroviral therapy against the HIV virus.
- Care for opportunistic infections.
- Treatment literacy program for patients and their families to increase their understanding of HIV/AIDS, their appropriate medication management and monitoring, and their ability to benefit from therapy.
- Specialty referrals and follow-up.
- Coordination with the national tuberculosis control program.
- Management for pregnant women in the national program to reduce vertical transmission from mother to child.

Testing provided for patients includes CD4 counts, viral load, and HIV DNA-PCR through the national reference laboratory system.

ESPERANZA Y VIDA INTEGRATED SERVICES PROGRAM PERSONNEL

Filled personnel positions

<u>NAME</u>	<u>POSITION</u>	<u>STATUS</u>
Dra. Luisa Reyes	Director of Program	Paid by MISPAS* (half-time)
Lic. Elizabeth Sánchez	Nurse	Paid by MISPAS* (half-time)
Lic. Moraima Silvestre	Psychologist	Paid by MISPAS* (half-time)
Lic. Arelis Cotes	Laboratory Technician	Paid by MISPAS* (half-time)

*Ministerio de Salud Pública y Asistencia Social

Vacant personnel positions

<u>POSITION</u>	<u>STATUS</u>
HIV/AIDS peer counselor	Vacant, without funding
Director, tuberculosis program	Vacant, without funding
Pediatrician	Vacant, without funding
Receptionist	Vacant, without funding
Health promoter	Vacant, without funding

ISSUES & CHALLENGES

The patients and their health status would benefit if the program had the following support:

- 1) **Operating costs:** The integrated care services are provided for free, generating no income to cover overhead and operating expenses. While personnel salaries are paid by the Ministry of Health, the legally mandated employee benefits (such as social security tax, health insurance policy, Christmas bonus, severance pay, etc.) are solely the responsibility of the Clinic. In addition, overhead costs (for example utility bills, housekeeping, maintenance, and administration, among others) must be borne by the Clinic. Accordingly, the integrated care services program generates a deficit for the Clinic of about DOP 45,000 monthly (USD 1,100). Covering this deficit is the first priority as it affects both the quality of care and the sustainability of the services.
- 2) **Personnel:** An HIV/AIDS peer counselor gives assistance to people living with HIV/AIDS from a perspective that a non-HIV infected counselor cannot easily provide. Beyond the help that people receive, an HIV/AIDS peer counselor acts as an advocate for

people living with HIV/AIDS in the wider society, with employers, and with organizations such as public health and social assistance programs. The Clinic has benefitted in the past from having an HIV/AIDS peer counselor who can give voice to the concerns and suggestions of the Clinic's patients to improve their care experiences.

POSITION	MONTHLY SALARY	ANNUAL SALARY + BENEFITS
HIV/AIDS Peer Counselor	DOP 13,125 (~USD 315)	~USD 4,500

- 3) **Follow-up contacts:** An important part of therapy for HIV/AIDS is assuring that patients have adequate follow-up to monitor the appropriate use of the multiple medicines and the knowledge to manage their infection. Follow-up can occur as patients return to the Clinic or when someone from the Clinic makes a home visit if necessary. Social determinants (such as transportation costs and other direct expenses that patients must pay) can limit effective follow-up.

Estimated visits/month	Average cost/visit*	Annual Expense*
115	DOP 275 (~USD 6.50)	DOP 379,500 (~USD 9,000)

* The cost estimate includes personnel and transportation costs for some home visits that are generally more expensive.

- 4) **Vulnerable Children:** "Vulnerable children" includes children infected with HIV (currently 15 children at the Clinic) and children affected by HIV/AIDS, such as those whose primary caregivers or siblings have HIV infection (more than 1,000 children).

The 15 children with HIV infection are all taking anti-retroviral treatment against HIV. The follow-up medical care for children with HIV infection is critical to their well-being. Children's status can change quickly. Covering the patient's direct costs such as transportation and the expense of necessary clinical tests helps to assure that the children get the timely care that they need.

SERVICES FOR HIV-INFECTED CHILDREN

	VISITS PER MONTH	COST PER VISIT	ANNUAL COST
Clinical Care: Assistance with patient-borne costs (primarily transportation) to receive routine care and expenses for home visits when necessary.	20	DOP 275 (USD 6.55)	DOP 66,000 (USD 1,570)

	BIANNUAL TESTING*	ADDITIONAL STUDIES	ANNUAL COST
Clinical Studies: Routine follow-up and other indicated studies not covered by other sources for HIV infected children (presently 15 children)	DOP 45,000 (~USD 1,075)	DOP 22,500 (~USD 535)	DOP 67,500 (USD 1,600)

* DOP 3,000 per child

Also, workshops for children on preventive care for them, the unique challenges of living with HIV as a child or young person, and other topics germane to these younger patients and their families has been beneficial in the past.

One workshop costs a minimum of DOP 18,000 (~USD 450).

11 September 2013

Composed by: Lic. Ercilia Santana, Clinic Administrator
Dr. Luis Reyes, Director of HIV/AIDS Programs

English translation: Michael Dohn, MD, MSc [public health]

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Carlos Pimentel
Esperanza Internacional
Santo Domingo, DN
República Dominicana

16 September 2013

Dear Carlos,

In answer to your questions:

1. What is the HIV/AIDS situation in the region?

The Dominican Republic's official HIV infection prevalence rate is 0.44% or about one in every 200 people (from WHO's Dominican Republic Fact Sheet, 16 Sept 2013). In the past the prevalence rate has shown substantial variability. Rates in the Haitian border area and Health Region V (where the Clinic is located) have been about 200% higher than the official national rates. Less than ten years ago, the rate of positive HIV tests among pregnant women with a previously unknown HIV status coming to the Clinic for testing was just over 2%. At about the same time, women delivering babies in the adjoining city of La Romana had an HIV infection prevalence of 2.3%. Most likely these number are somewhat lower at this point, but our information suggests that the HIV infection rates continue well over 1%.

From a social standpoint, HIV and AIDS continue to produce stigma and discrimination. The situation is improving, though HIV infection continues to have an impoverishing effect. Job discrimination continues; two years ago on International AIDS Day the Clinic and the Ministry of Labor collaborated to present a program highlighting the continued employment problems of people with HIV/AIDS.

2. What was the total of the funding on this particular project annually?

The prior funding was about USD 80,000 per year from USAID, however that covered additional services such as regular home visits for selected adult patients, confidential HIV testing, and health promoters working specifically on HIV/AIDS, among others. Another program sponsored by Major League Baseball provided microeconomic development through Esperanza Internacional programs (and I don't have those funding figure available at the moment).

The selection of items in the letter are those that Ercilia Santana and Dra Luisa Reyes thought were the most important to maintain and improve care for the patients.

3. What could we do if funding was not an issue?

a. That is, if we had no limit to the funding available so that it was not an issue ...?

- i. Additional treatment literacy activities so that patients were increasingly knowledgeable about HIV/AIDS and their therapy. Such programs result in better clinical outcomes and have also been shown to decrease new HIV infections.
 - ii. More social services related to the social determinants of health, in particular the patients' direct costs for transportation and nutrition. Social assistance has been shown to improve clinical outcomes for people with HIV infection. Along these lines, the United Nations' World Food Program is initiating a new nutrition program for patients, though we are uncertain exactly what it will look like.
 - iii. Supplement the provision of tests and medicines that are clinically indicated, but whose costs are uncovered by health programs. Public health resources are limited and a certain amount of rationing must occur. When new symptoms or problems occur, making a diagnosis and beginning effective therapy may be delayed while finding funds to cover tests and medicines. Delaying diagnosis and therapy results in poorer clinical outcomes.
 - iv. Expanded confidential HIV testing and counseling. HIV testing rates tend to improve if we make it convenient for people to access the service and get the test (this is true for nearly all health services). Taking the HIV testing and counseling process to people in their neighborhoods or workplaces can increase the number of tests done and the number of HIV infections discovered. Diagnosis and treatment of HIV infected individuals dramatically decreases the chances that they will infect additional people. In addition, the pre- and post-test counseling promotes safer sexual behavior among those who receive it.
 - v. Beyond the expected mutual aid network within the group, we have seen the local AIDS support groups started by the Clinic change attitudes in communities regarding HIV/AIDS, improve communities' social support for people living with HIV/AIDS, assist vulnerable youth to manage the situation in which they find themselves, and act as advocates for people living with HIV/AIDS.
 - vi. Develop more economically beneficial projects in collaboration with other organizations, such as the microeconomic development programs of Esperanza Internacional or community gardens to improve food security as suggested by the World Food Program.
 - vii. Developing additional relationships with other organizations (governmental and NGO's) to form a more effective network for preventing new infections as well as diagnosing, treating, and supporting people living with HIV/AIDS.
- b. That is, if we had funding for everything so that it was not an issue, and you wanted to do something additional ...?
- i. Small short-term teams and visitors can be helpful in community *operativos* to diagnose HIV infection and educate people regarding HIV/AIDS and other sexually transmitted infections.
 - ii. Health education and promotion activities can sometimes benefit from visiting teams. For example, a team from Ohio offered a workshop on oral health for the Clinic's HIV patients and their families.

- iii. Individuals with particular skills can be helpful. For example, a young woman with an international health studies background was able to evaluate and modify the system for tracking treatment for patients with HIV and TB co-infection, resulting in better care and outcomes for that group of patients.

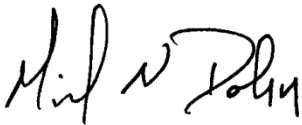
4. How many people could we help?

There are over 400 adult patients and 15 children living with HIV/AIDS who are receiving care through the Clinic's unit.

Beyond that core group of people with HIV infection, there are vulnerable children in families affected by HIV/AIDS, AIDS orphans, uninfected spouses and partners, immediate family members, and caregivers. We estimate that the total number of people affected by our HIV/AIDS social programming has been around 5,000 annually.

I hope these answers are helpful. Do not hesitate to contact us at anytime for questions or to offer comments.

Sincerely,



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