



CarePack®

Integrated Prevention
Campaign

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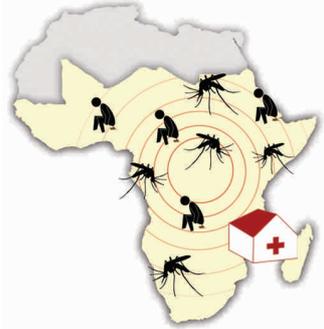
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Public Health Challenge

The Burden of Co-infections



Majority of the people living with HIV reside in areas where the endemicity of malaria and diarrheal diseases is high and access to care remains limited.



HIV prevalence
(UNAIDS, 2010)

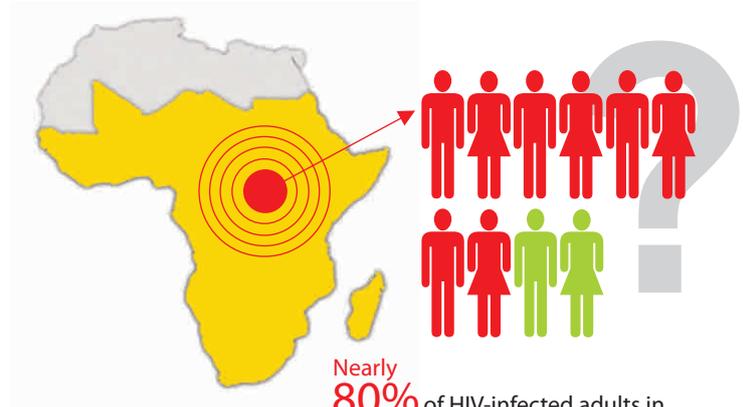


Malaria prevalence
(WHO, 2004)



Diarrhea deaths
(WHO, 2008)

The Testing Gap



Nearly **80%** of HIV-infected adults in sub-Saharan Africa are unaware of their status.

Addressing this prevention gap requires innovative approaches to improve access to HIV services not limited to



HIV testing and counselling.

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Background

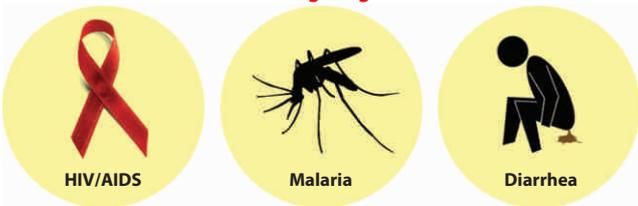
In 2008 and 2009, the Government of Kenya along with key stakeholders implemented an integrated multi-disease prevention campaign targeting HIV/AIDS, malaria and diarrheal diseases.



Integrated Prevention Campaign



Targeting

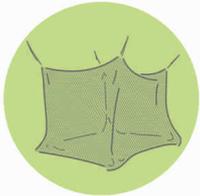


Campaign Outline

PRE-CAMPAIGN	CAMPAIGN	POST-CAMPAIGN
 Micro-planning	 Health education/ product training	 •Monitoring and evaluation •Monitoring of linkage to care by navigators
 Coordination with local authorities and stakeholders	 HIV testing and counselling	
 Counselor training	 •Referrals for HIV+ •CD4 cell count •Cotrimoxazole prophylaxis	
 Health systems gap evaluation	 CarePack® distribution	
 Presentation of health systems strengthening strategy		
Linkages with PLHIV network and monitoring of care and support		
Implementation of health systems strengthening plan		
Social mobilization: health education, product education, emphasis on HIV testing post-campaign		

An Evidence-based Package of Multiple Preventive Interventions

CarePack® comprises the following:



PermaNet® long-lasting insecticidal net for the prevention of malaria



LifeStraw® Family water purifier for the prevention of diarrheal diseases



Male condoms for the prevention of HIV transmission



IEC leaflet providing product usage instructions and highlighting preventive health benefits

First Combination Long-lasting Insecticidal Net Designed for Use in Areas With Pyrethroid-resistant Malaria Vectors

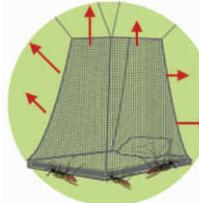


Insecticide resistance amongst malaria transmitting vectors is growing.

- Possible resistance
- Confirmed resistance



PermaNet® 3.0 is a new generation long-lasting insecticidal net designed for use in areas with pyrethroid-resistant malaria vectors.



Rapid regeneration of insecticide after multiple washes ensures higher efficacy throughout the lifetime of the net.



PermaNet® 3.0 provides effective protection for more than 20 washes.

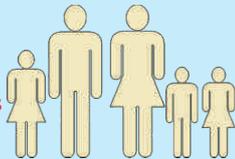
LifeStraw® Family

Instant Microbiological Household Water Purifier



-  Microbiological performance exceeds the requirements for the World Health Organization's "highly protective" classification and the United States Environmental Protection Agency's standard for water purifiers.

18,000 Liters
of microbiologically
safe drinking water for
a family of 5 members
for 3 years



Cryptosporidiosis

A Major Cause of Mortality for People Living With HIV/AIDS



Cryptosporidium, a protozoan parasite, spreads through contaminated water.



Cryptosporidium is one of the most common waterborne pathogens associated with diarrhea in people living with HIV/AIDS.



There are indications that treatment for cryptosporidiosis is not effective.



Cryptosporidium oocysts are resistant to chlorine solutions.

The World Health Organization's three-tiered system to evaluate household water treatment interventions

Target	Log ₁₀ reduction* required: bacteria	Log ₁₀ reduction* required: viruses	Log ₁₀ reduction* required: protozoa
Highly protective	≥4	≥5	≥4
Protective	≥2	≥3	≥2
Interim*	Achieves "protective" target for two classes of pathogens and results in health gains		

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Achieving Rapid Scale-up With a Cost-effective Model for Integration of Health Interventions



Review of Evidence to Date

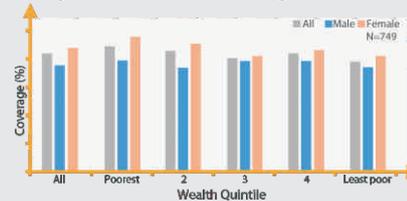
Rapid and high uptake by the community



47,311 participants (15-49 year olds) tested in 7 days

Equitable

Campaign attendance based on gender and wealth



Limited negative societal outcomes



In a sample of campaign participants:

- HIV status disclosure levels increased to 80 percent
- Campaign participation did not increase cases of domestic abuse

Integrated Prevention Campaign

Qualitative Findings: Motivations for Attendance

Useful Commodities:
every participant mentioned commodities provided

"We were not able to purchase good bed nets. They gave us them for free, and we feel good when we are sleeping in them."



"What I liked was the net and the water filter...What I liked most was knowing my HIV status."

HIV Testing as an Incentive:
more than 90 percent wanted to know status

"What motivated me was the idea of a free test for HIV"



"I went to know my status. It made me go there."

Social Event/Advice:
more than 60 percent mentioned the event/advice

"I was motivated to attend the campaign because when I heard the announcement and posters I thought it was necessary."

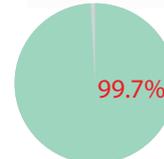


"The village elder had said in the village meeting that no one should fail to go to the campaign."

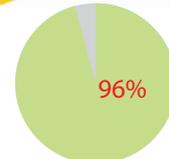
Obtaining health-related goods, knowing one's HIV status at their doorstep and social mobilisation emerged as the primary incentives for participation.

Results From 2008 Campaign

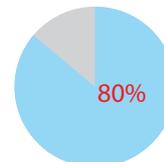
Across 7 days



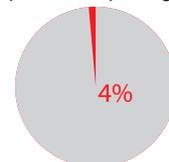
Tested for HIV



Uptake of the multi-disease preventive package



Never been tested previously

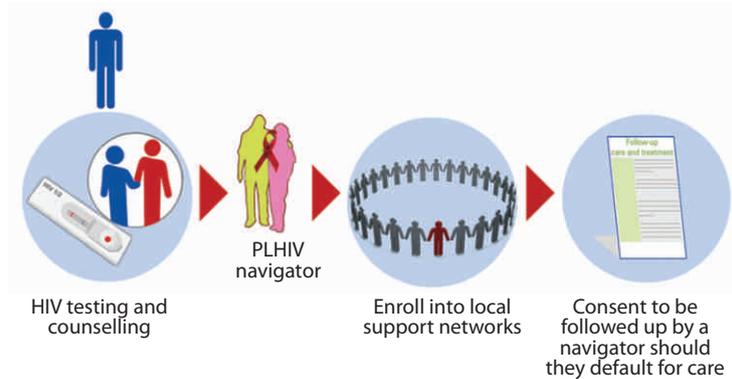


Tested positive

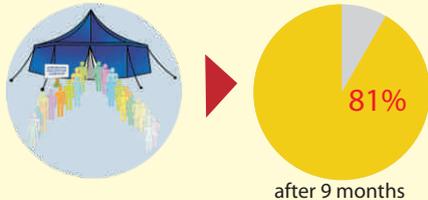
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Achieving Linkage to Care

The 2009 Kenya campaign used a navigator approach. The participants were offered an option to enroll in local support networks at the campaign sites and the option to be followed up by a navigator should they default for care.



Navigator approach ensures linkage to care



Enrollment rates were significantly higher among participants receiving a PLHIV visit, suggesting that the navigator approach ensures linkage from community-based HIV testing and counselling campaigns.

Reducing Social Resistance to HIV Testing

Inclusion of useful health commodities helps reduce social resistance

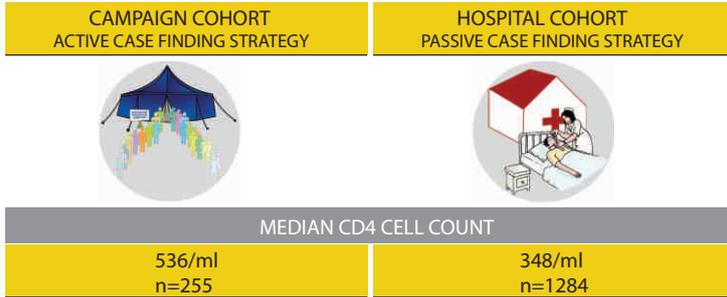


and creates community-wide acceptance of HIV testing and counselling



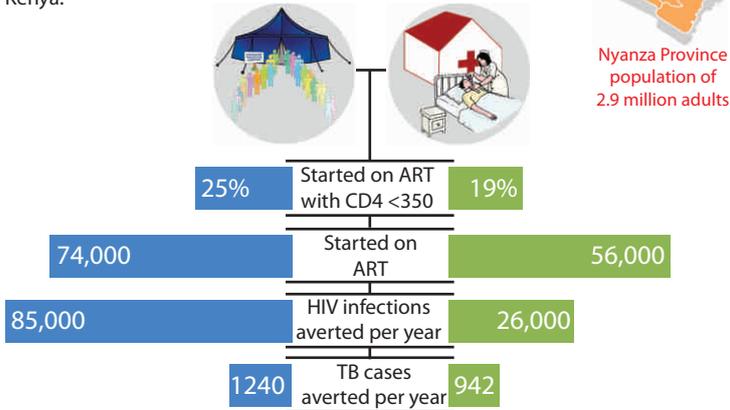
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Early Case Detection



Waiting for people living with HIV to seek diagnosis later in the course of their illness likely represents missed opportunities to HIV and TB-related transmission, morbidity and mortality.

Modeled health benefits of an active case finding strategy - the Integrated Prevention Campaign - scaled to Nyanza province, Kenya.



Delayed Disease Progression



Intervention Group



2009 Kenya Study

CD4 cell count decline

54cells/mm³/year VS 70cells/mm³/year

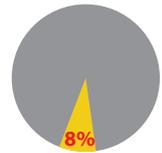
proportion reaching CD4 cell count <350mm³

73% VS 100%

Cost savings



- Cost of ART \$700 per person per year
- Cost of intervention \$22 per person
- Cost of implementation \$100 million
- Cost savings ARV \$402 million



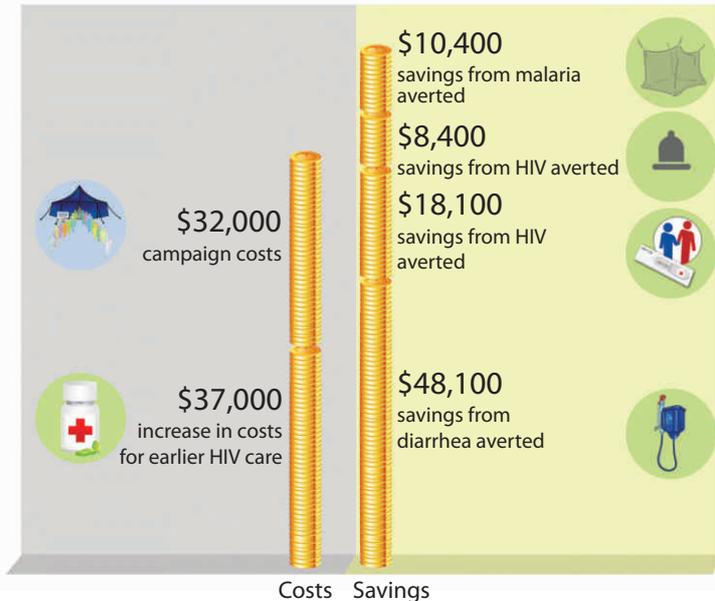
annual PEPFAR HIV care and treatment budget

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Cost to Health Providers

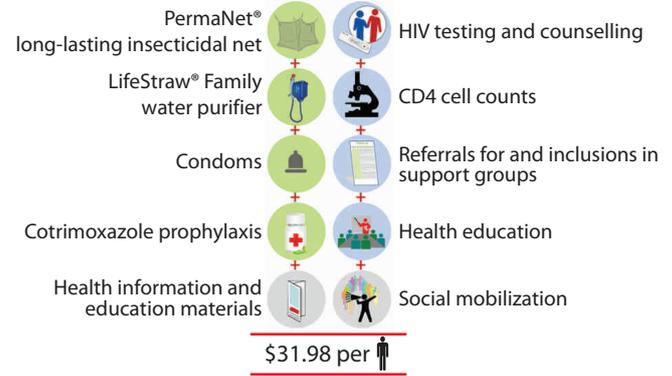


Net savings of \$16.105 per 1,000 participants

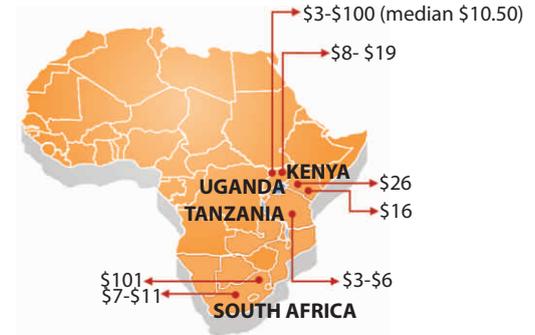


Cost Savings Through Integration of Activities

Program Costs - 2008 Kenya Campaign



VS HIV testing and counselling costs in Africa*



*Only one of these is for programs that achieve high (>90%) community coverage.

VESTERGAARD FRANDSEN

DISEASE CONTROL TEXTILES

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