HIV/AIDS - prevention in Primary Health Care

Paula Vainiomäki
MD, PhD, Specialist in General Practice and Public Health
Clinical Teacher, Family Medicine, University of Turku

(ITA for Primary Health Care Programme Group in the Task Force on
Communicable Disease Control in the Baltic Sea region 2001-2004,
member in the Northern Dimension Public Health and Social Wellbeing Partnership
Primary Health Care Expert group 2004-)
This presentation

will concentrate on public primary health care

- Primary health care in Finland, its tasks
- How information for this presentation was collected?
- HIV-prevention in public primary health care in Finland
- HIV prevention issues in some other countries in primary health care
- How well HIV prevention fits in the work description of the work of PHC doctors and nurses
- Future challenges
Main tasks of PHC in Finland

- Municipalities are responsible for:
  - Health counseling and screening (including maternity, well-baby, family planning clinics etc)
  - Medical care and rehabilitation
  - Ambulance and transport services within health care
  - Dental/oral care
  - School health care
  - Student health care
  - Screening
  - Environmental health care
  - Mental health care
  - Occupational health care

Municipals are responsible also for secondary and tertiary health care (PHC is mainly working with referrals)
Where to find information on HIV prevention in PHC? 1

- MoH of Finland:
  - Leaflet on health services for general public use
    - 2004 (in English), HIV not mentioned
    - 2005 (in Finnish), HIV not mentioned
  - Searching on MoH database with the word HIV:
    - 88 hits, mainly news concerning IDUs and international collaboration around this theme.

- Medical school curriculum in Turku University
  - Database of learning material for medical students;
    - HIV mentioned only sporadically
Where to find information on HIV prevention in PHC? 2

Some key informants in PHC in Turku

- HIV prevention inside ordinary prevention, main place: schools
- HIV is not any prioritised topic in PHC, hepatitis is more important
- Our few positives are taken care by secondary health care.
- We have an office for exchanging syringes and needles and special services for IDUs.
- We take part in campaigns with NGOs
Where to find information on HIV prevention in PHC?

- International HIV programme, expert:
  - “I have not heard too much about HIV in PHC settings. I think, as in Finland, it is not taken seriously. ... But, in general, I have never heard on those services at PHC setting in any Baltic country”

- European Academy of Teachers in General Practice, council members,
  - discussion with PHC teachers from Belgium, Serbia, Greece, Albania, Malta, Lithuania, Latvia, Poland: not much is done especially for HIV in PHC
Where to find information on HIV prevention in PHC? 4

- Interviewing a group of med. students (25) having worked in family planning clinic in PHC
  - HIV not mentioned during their period

- Interviewing some first year university students in biochemistry, Turku
  - I have got quite much education on sexual issues during secondary and high school, HIV is mentioned as one of the STI diseases.
  - I have got twice free condoms, once school nurse provided, and once as a complimentary present, when marketing sanitary tissues.
  - Yes, we have enough information, young people are curious.
Where to find information on HIV prevention in PHC? 5

- Newspapers and media
  - News concerning HIV relatively often

- Internet
  - Huge amounts of information available,
  - Individual PHC centres have information available.
  - Reliability of all the information

- **Public health care nurses will do the main work in HIV prevention in PHC**
  - HIV prevention is discussed among ordinary sexual health education: teaching at schools, participating in campaigns, distributing information and condoms, collaborating with NGOs.
What will happen in practice in Finland 1

Health care professionals (PHC nurses) meet in practice the **whole young population**
- School health care (several models)
- Health checking for military service (HIV is discussed, not tested)

Selected population, but **obligatory to organise in every municipality**
- Maternity clinic: HIV testing is offered to all pregnant women
- Anonymous testing available
What will happen in practice in Finland 2

Differences between municipalities, examples:

- Sexual health education, performed by school nurses in the age of 11-15 years: discussions, leaflets, condom distribution

- Study tour of boys and girls (together) to reproductive health clinic in PHC, leaflets and discussions, sometimes condoms

- Health check for 20 year old women by invitation: papa (HPV), audit, info on HIV

- "If other STIs detected, strongly expressed advices will be used."
In June 2006, approx. 2% more condoms has been sold out than in 2005. The appr. total sale will be 14,000 condoms in 2006.
What will happen in practice in Finland 3

- Anonymous testing
- PHC participating in campaigns etc
- Special IDU policlinics: information discussions, leaflets, testing etc available
- Immigrants: some special services
- Needles and syringes for change
- Much responsibility is resting with the NGOs.
- Secondary prevention does not happen in PHC in Finland.
What will happen in practice in Finland, among health professionals in PHC 4

- More emphasis on hygiene:
  - blood contacts avoided,
  - gloves are used,
  - single use instruments
  - Lab examinations - vacuum tubes and gloves
  - Water spray machines of dentists (not possible to suck backwards as earlier, always gloves)

- Scemes available everywhere, if accidents happen

- Awareness of danger increased (at the same time negative attitudes?? or not??)
What will happen in PHC in some other countries?

Some examples:
Anonymous testing available nearly everywhere
- Malta: posters on HIV in waiting rooms
- Latvia: patients will be referred to HIV-centre for tests, successful campaigns have been
- Belgium: model condoms available, and also a model how to put it on.
- Albania: no condoms to be distributed, but information available.
- Poland: A project was organised by PHC professionals to train school teachers to distribute information on STIs
How does HIV prevention fit in the work of a GP and public health nurse?

- Different rules in different countries,
  - in the Soviet time PHC doctors did not traditionally have right to treat STIs. This will still have reflections today.
  - This is reflected also in the work of PHC nurses,
  - Much is depending, if nurses are defined as independent health care professionals or not
European Definition of Family Medicine: Core Competencies and Characteristics (Wonca 2005)

- Specific problem solving skills
- Comprehensive approach
- Person-centred care
- Holistic approach

- Community orientation
  - responsible for health of the community
  - care coordination and advocacy
  - first contact, open access, all health problems
- Primary care management
  - acute and chronic health problems
  - decision making based on incidence and prevalence

- Holistic approach
  - longitudinal continuity
  - doctor-patient relationship
  - physical, psychological, social, cultural and existential

- Person-centred care
  - promotes health and wellbeing
  - centred on patient and context

- Comprehensive approach
  - longitudinal continuity
  - doctor-patient relationship

- Specific problem solving skills
  - early undifferentiated stages

- Community orientation
  - responsible for health of the community
  - care coordination and advocacy
  - first contact, open access, all health problems

- Primary care management
  - acute and chronic health problems
  - decision making based on incidence and prevalence

- Holistic approach
  - longitudinal continuity
  - doctor-patient relationship
  - physical, psychological, social, cultural and existential
Nurses and Midwives: A Force For Health

Nurses and midwives have increasingly key roles to play in societies’ efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high-quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people’s rights and changing needs.
○ CHANGING PERFORMANCE IS THE MOST DIFFICULT ISSUE!
Professionals’ usual reactions when patients are not changing their performance

- Giving up
- Giving the same advice again and again ( = placebo-giving?)
- Blaming patients
- Giving the whole responsibility to patients
- Someone else has to take care of counselling
- Changing strategy (seldom happens)
### Resistance and motivation

(according to R. Botelho, Rochester University)

<table>
<thead>
<tr>
<th>REASONS TO STAY THE SAME</th>
<th>REASONS TO CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of staying the same</td>
<td>Concerns about staying the same</td>
</tr>
<tr>
<td>Concerns about change</td>
<td>Benefits of change</td>
</tr>
</tbody>
</table>

**Resistances, think and feel**

**Motivation, think and feel**
Some challenges for the future

- Inside EU it is possible to move from one country to another to get the treatment (not available in own country)
- In Russia, e.g. in St. Petersburg area, secondary prevention has soon to be offered in PHC.
- Religion and prevention?