Differentiated care FROM A COMMUNITY PERSPECTIVE

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UNDERSTANDING (DSD)

WHAT?

It is a way of enabling health systems to manage the **growing number** of individuals receiving HIV treatment by **tailoring services** for different patient groups. Its moving away from a "one size fit all" facility based model for stable and unstable patients

HOW?

- down- referring stable pts (CARGs) or vice versa
- Decompressing Health facilities
- Moving Rx closer to communities
- Using diverse health care Workers and lay staff
- Enhancing patient satisfaction and retention

NB. Towards the **3 "90s" (2020 Global Targets by UNAIDS)**

A CLOSER LOOK AT THE 3 "90s"

- **1st 90 TESTING SETBACKS**

PERCEPTIONS from religious & cultural background.

*Drawing blood done for rituals, late testing & treatment seeking behavior in men (macho),

VALUE TESTING convincing, gentle persuation, coersing, or real voluntary

FEARS of the hospital, the injections, the smell of medicines, the pain one goes through when sick, fear of facing the reality, belief in dreams about illness, fear of failure to cope with a positive result.

2ND 90 (Access to Treatment) ART Setbacks

- Issues of **disclosure** still unresolved (In families, among couples, lovers …)
- Health staff **attitudes** & lack of **confidentiality**
- Weak reminders for treatment taking among Patients
- Unfriendly **Patient flow** at Health Institutes (TASO O.I. Clinics in Uganda a good model)
- Competing **interests** among Patients e.g. Cross Border Traders, sex workers
- Religion (Prosperity Gospel\Fire fire…… "***can make the virus disappear***" "***Throw away or flush ARVs down the drain coz you are healed***" Throwing away ARVs can never be equated to hanging or throwing away crutches after a healing session!

3RD 90 (Virally suppressed) Setbacks

- Slow **turnaround** of results in Labs
- Spoiled samples difficult to accept to Patients. “Benzani ngegazi lethu, phela sekule Satanism kulezi insuku” (***What do they do with our blood, we can not trust as there is Satanism that is hungry for blood these days***)
- Inadequate VL testing machines as well as reagents.
- Slow recommendations to move patients to the next Rx therapy in the event of Rx failure (Creates space and time given to drug resistance)

Pathway to instability of HIV Patients

- Emotional stress interferes with care and medication adherence as well as rational behavior "***Avele ayahlanyisa ama ARVs lawa"*** (ARVs make these people crazy)
- **Competing life needs** and demands (rentals, fees, housing, medical expenses,
- **Stigma**tizing medical environs e.g. at Reception or Exam room
- Substance **abuse** (Poor stress management that leads to missing of doses)
- Forgetfulness (memory loss)
- Feeling too sick to see Doc (**Missing Reviews**)
- Difficult relations with Clinic Staff or Service Provider "***Lo Nesi uhlala ekuwhatsapp esmayila kokuphela thina siselayinini"*** (This nurse is always on whatsapp, smiling, while we are rotting on benches in queues)
- "They make you feel like they are doing you a favor by serving you"

Pathway to instability of HIV Patients

- Lack of **Support systems** (family, friends and Community support)
- Social isolation
- Living alone
- Some patients not knowing **dose** of their medication
- Lack of knowledge of their expected **outcomes** or course of their illness (CD4 count or VL results)
- Poor Health worker and Patient **communication**
- **Inadequate** Patient **counseling** (more concentration is on statistics that the person …)

IDEAL FACTORS FOR SUCCESS IN HIV INTERVENTIONS

- **Access** to Health services and conditions that promote quality life
- **Availability** of Health services, diagnostic tools, Health personnel
- **Affordability** of Health services
- **Appropriateness** of Health services
- **User friendliness** of Health services coming with options to choose from.
- **Psycho social interventions** including Counseling (Also refer bring in a psychologist to back up counseling.
- **Sustainability** of the Health services (Utilization of local resources through political will)
- Client **satisfaction**

Community Perspective (Unstable Patients for the better)

*__Immediate initiation of ART__ upon HIV diagnosis to avoid complications and death

*__Set up Expert Committees__ for recommendations to the next treatment therapy should there be failure

*__Intensive HIV care__ at Health facility for unstable patients like in TB DOTs

*__Screening__ for TB, Cancer, meningitis to be scaled up in Specialized Clinics

*If experts are scarce then, a __multidisciplinary health team__ should access causes of Rx failure, non adherence, drug to drug interactions, drug food interactions, failure to absorb nutrients or drugs, severe diarrhea……

*__O.I. Outreach team__ to include a menu of other services i.e. dental, cancer screening,

Community Perspective (Unstable Patients for the better)

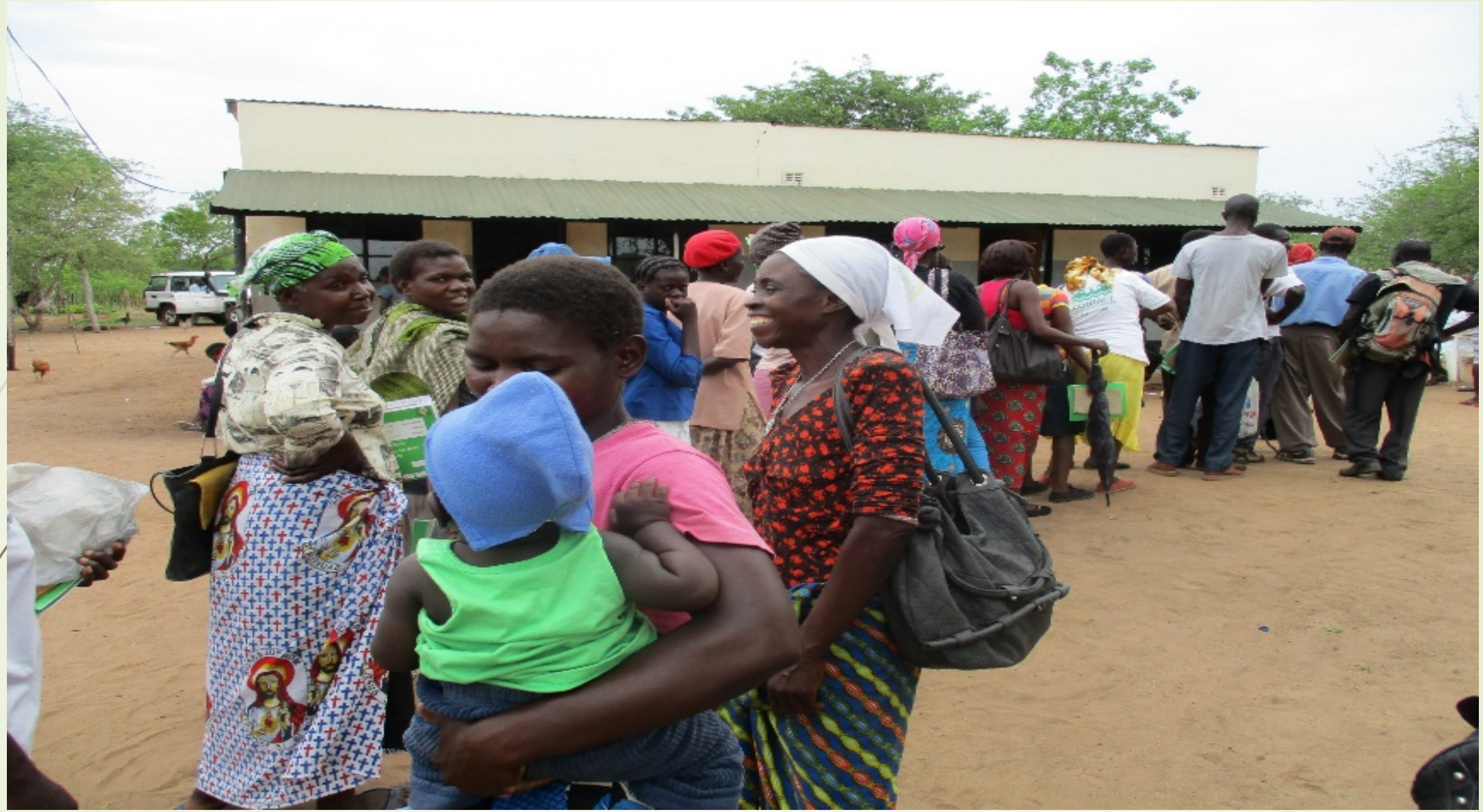
- Strengthen **Community involvement** and support through family, friends, Community leadership and Volunteer Health Workers
- Build and utilize **a pool of Professional Counselors** from the Community for HIV counseling to Patients. These will be supervised by Trained Health workers and reputable Counselling Institutions i.e. Connect, Contact
- Come up with a smooth "**up referring**" system of unstable patients back to Specialised Health facilities for intensive care
- Train Health workers in **Public Relations and Communication** to manage patients.
- Smooth **"down referring"** PLHIVs to Support groups as well and AIDS Service Organizations in the Community . Contact persons info should be on charts on the walls.
- **Standardize treatment** therapies in country blocks e.g. SADAC

Community Perspective (Unstable Patients for the better)

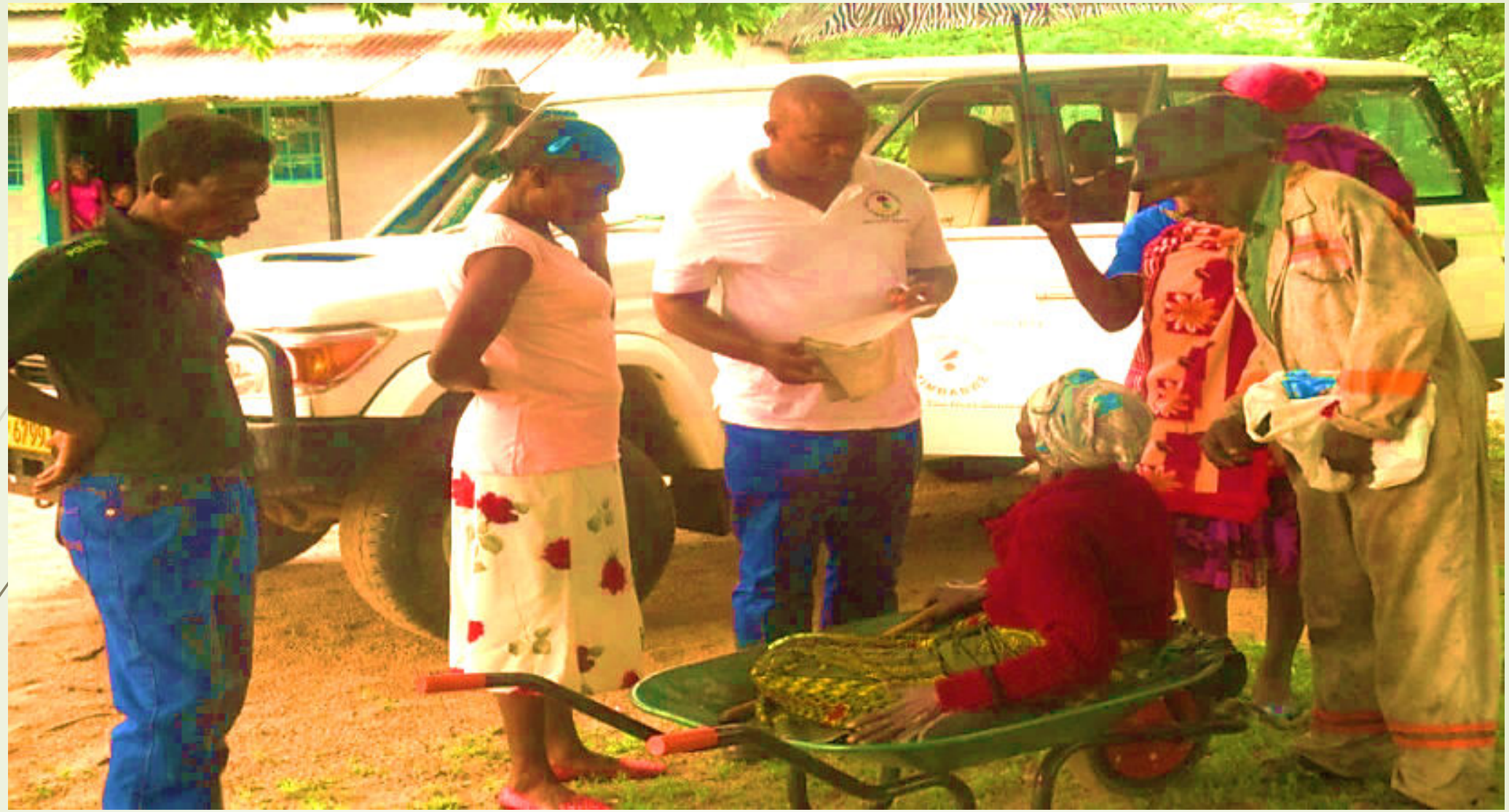
- Help patients come up with a feasible **personalized adherence** plan
- Focus on psychological, emotional and socio economic factors that contribute to poor adherence (**Causal effects**)
- **ARV side effects** to be addressed at individual level as they present.
- Simplify **medical language** for easy uptake of treatment literacy as well as simplify **Rx regimens** making ART user friendly
- **Rebranding** PLHIV support groups such that members become partners rather than recipients (**MIPA**)in the response to HIV
- Mainstream **Spirituality** to find meaning in life, cope with guilt and shame
- **Link** HIV with Nutrition, food security and livelihoods
- Incorporate **Psychologists** into the Counseling matrix for unstable clients
- **Utilization** of motorized Env. Health Techs on Loss to follow up and drug adherence monitoring as well as collection of blood specimens to Labs

Community Perspective (Unstable Patients for the better)

- **Consultations** with Patients on Health Policies and Guidelines especially about themselves. They are part of the solution!
- **Documentation** of innovative PLHIV practices and encouragement of such
- **CARGS** to **serve their purpose** with care not to reinvent Support groups as this might create stigma and discrimination among PLHIVs.
- **Patient Experts** to be utilized in addressing loss to follow up, treatment literacy and referrals of treatment failures back to Health facilities.
- Work on **motivation** route (male motivation for Health programs a priority)



Pic 1. ***Clients queue up for collection of their ARV supplies at Rural area store in Hwange in Matabeleland North, Zimbabwe***



Pic 2. ***An unstable patient is brought to the O.I. Outreach point at Chikandakubi store in Hwange Rural in Matabeleland by the Community members for ARV supply and assessment by the Outreach Health staff***

Thank you so much!