



Differentiated Service Delivery for **Advanced HIV Disease** (AHD)

Joint Remarks by:

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Recipient of Care Perspective

- There is **limited knowledge of AHD** among recipients of care (RoCs).
- With limited resources, **collaboration** is essential to identifying RoCs with AHD and providing them with the WHO-recommended package of care.
- Working **together as partners** with recipient of care at the center will **lead to decline** in AIDS-related **mortality** and sustainability of gains already made.



Health-Seeking Behavior

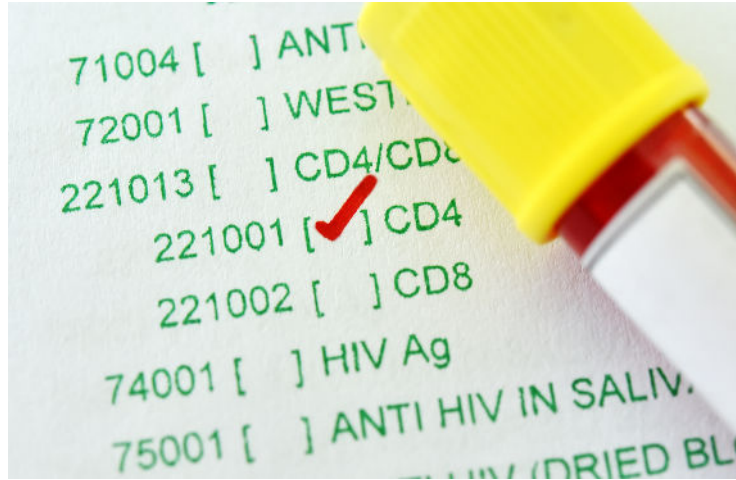
- In Sierra Leone, for example, to this day, **most people seek healthcare when they are very sick.**
 - Many resort to self-medication until they find out that they *really need help* before going to hospital.
 - Too much time, too far, too expensive, medicines too regulated – easier to get the medicines from “peddlers” etc.
- This leads to **late diagnosis of AHD**, which is a challenge for the prevention and control of HIV & AIDS.
- Given the fact that late diagnosis of AHD is still common, **targeted programs should be urgently designed to improve adherence and AHD screening.**



Recipients of Care & CD4 Testing

- Recipients of care need **more** knowledge about the use of and importance of CD4 and viral load testing. At present, there is more focus on viral load testing alone.
- CD4 demand challenges:
 - Clinicians - Frequent **stockouts** of reagents and **breakdown** of machines leading to **low demand**
 - RoCs - Limited understanding of ***the use of CD4 testing***, leading them to only demand for CD4 **when they suspect that their health is failing**.
- Some people have **low CD4** (by AHD definition) but are **asymptomatic**, so CD4 testing should be the gateway for the WHO-recommended **package of care** and thus a critical component of **quality** HIV care.

Messaging about CD4 and AHD



There is need **to develop clear messages** to ensure that PLHIV are aware when they should demand CD4 testing and seek medical services.

PLHIV support groups can be **key partners in spreading accurate information** about CD4 and helping RoCs get necessary medical attention.



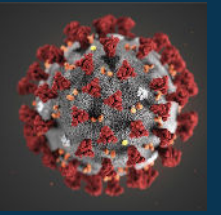
Community Healthcare Workers & AHD

- To help support and prevent AHD, PLHIV support groups must be strengthened to:
 - **support adherence** counselling during meetings
 - undertake **community outreach** activities
 - **serve as linkage** between the community and the health facility.
- Community health workers must be empowered to carry out strong **home-based care services**.



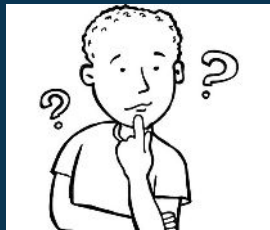


HIV and COVID-19



COVID-19 has adversely affected service delivery and uptake leading to:

- **Avoidance of health care facilities** because of fear of infection, inability to access clinics due to restrictions on movement
- Inability to **afford transport** or items such as **masks** needed for facility visits due to income loss.
- In addition, **key services** such as HIV testing, prevention activities, and adherence counseling have been **curtailed** due to efforts to COVID-19 control.



Closing Thoughts



Solange Baptiste
Executive Director, ITPC

- Caution **to not be unduly biomedical** in our approach to AHD
 - There is limited knowledge of AHD among recipients of care; but AIDS is more understood.
- To what extent can we consider AHD to be the **tail end of something more preventable and related to quality** of services, adherence and treatment education?
- What would it take to ensure that **community health care workers form part of the clinical care team**, so that there better AHD screening and when people go home, there is continuity of optimal care?