ISSUE BRIEF

DIFFERENTIATED MODELS OF DELIVERING HIV CARE:
Perspectives from people living with HIV and health care workers in 7 African countries.

BACKGROUND

Working towards the ambitious 90-90-90 goals launched by UNAIDS in 2014 [1], as well as the implementation of the World Health Organisation (WHO) 2015 recommendation to "treat all HIV-positive individuals on ART", has meant that "health systems, often already under extreme pressure due to lack of human and financial resources, will have to re-examine how ART care is delivered." [2] There is a clear appreciation for the pivotal role that communities have played in the HIV response over the last 32 years. Given the ambitious targets, there is a need to maximise on functional models of HIV service delivery already being utilised in various communities, which are often 'undocumented'.

In this context, the International AIDS Society (IAS) is working on a two-year project to support the implementation of differentiated models of ART delivery. Differentiated care is defined as "a client-centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with HIV, while reducing unnecessary burdens on the health system. By providing differentiated [models of] care, the health system can refocus resources to those most in need." [3] The core underlying principle with Differentiated Care, is to provide ART delivery in a way that acknowledges diversity and preferences in how PLHIV access ART services, taking into considerations the various contexts within which people living with HIV present for care, and how they perform on treatment. These models are piloted, with the appreciation of the barriers faced by specific groups and to advance models that essentially "empowers them to manage their disease with the support of the health system." [4]

Recognising the critical role played by communities in ensuring sustainable, responsive and effective HIV treatment outcomes, the IAS has been collaborating with the AIDS and Rights Alliance for Southern Africa (ARASA) and the International Treatment Preparedness Coalition (ITPC) conduct a rapid assessment in 8 countries in Africa to gauge the 'readiness' of patients and communities to advocate for differentiated models of ART delivery, rather than assuming that this would be a positive development for all communities across the region. The aim of the rapid assessment was to collect real-time information on the perceptions of people living with HIV and communities around existing needs and gaps in the delivery of ART care, and to identify what they may see as potential barriers to the implementation of differentiated (and community-suited) ART delivery models.

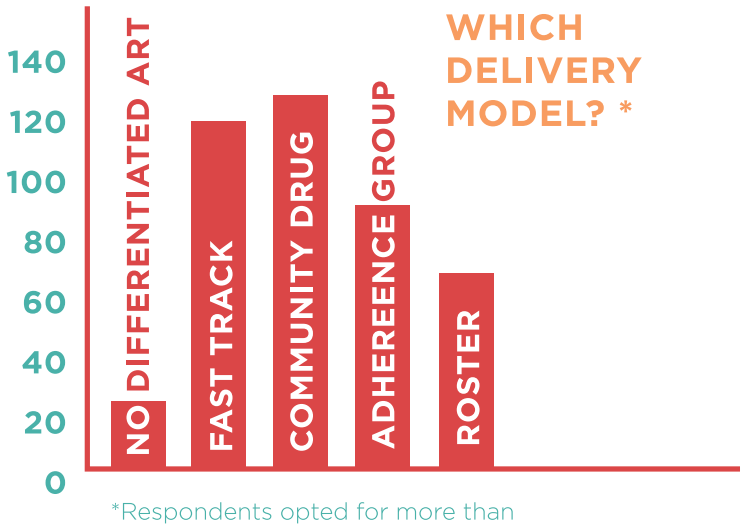
ASSESSMENT METHODOLOGY

16 data collectors in Morocco, Cote D'Ivoire, Cameroon, Egypt[5], Tanzania, Kenya, Malawi, and Zambia administered the questionnaire to 35 to 50 respondents in each country, comprising mostly of recipients of treatment and care (PLHIV, including key populations, adolescents and others) and between five to ten health workers.

Two data collectors were chosen per country. To diversify the coverage, the assessment was undertaken in two different regions/ provinces in one country. For instance, in Cameroon interviews were carried out in the capital city, Yaounde, as well as in the coastal city of Douala. In Tanzania, Dar es Salaam and the Coastal region were covered and in Kenya interviews were carried out in several counties, including Nairobi County, Kericho, Kakamega and Migori County in the west of the country.

The questionnaire contained a mixture of multiple choice and open-ended questions, with the aim of allowing respondents the space to express their views on differentiated ART delivery in their own terms, whilst still providing a framework within which to assess critical trends and links.

The survey aimed to be a rapid assessment to gather information across a wide range of countries and communities and to provide a glimpse into some of the existing community perceptions, or the lack thereof, on differentiated ART delivery. Therefore, the findings are not definitive or widely generalisable within regions or countries.



*Respondents opted for more than one so results add up to more than the total number of respondents.

[1] By 2020, 90 % of all PLHIV should be aware of their status, 90 % of those that know their status should be on ART and, of those, 90 % should be virally suppressed by 2020.
[2] International AIDS society. Differentiated Care For HIV: It's Time To Deliver Differently. A Decision Framework For Antiretroviral Therapy Delivery. IAS, 2016.
[3] Ibid.
[4] Ibid.
[5] The Egyptian team later dropped out of the study, as they were unable to collect the required data within the time period specified.

SUMMARY OF KEY EMERGING ISSUES:

Among 266 respondents (221 PLHIV and 45 health workers) surveyed across the seven countries, several key trends were highlighted:

Challenges related to collective ARVs include lack and cost of transport, lack of time, long queues and waiting times at clinics, and having to miss work and/or school. In addition to challenges related to finances and time, some respondents also described negative experiences related to collecting ARVs, including unfriendly staff, a lack of privacy and discrimination. An analysis of the responses showed that the most frequently mentioned positive impact that people perceive of differentiated ART delivery is the potential to mitigate these challenges.

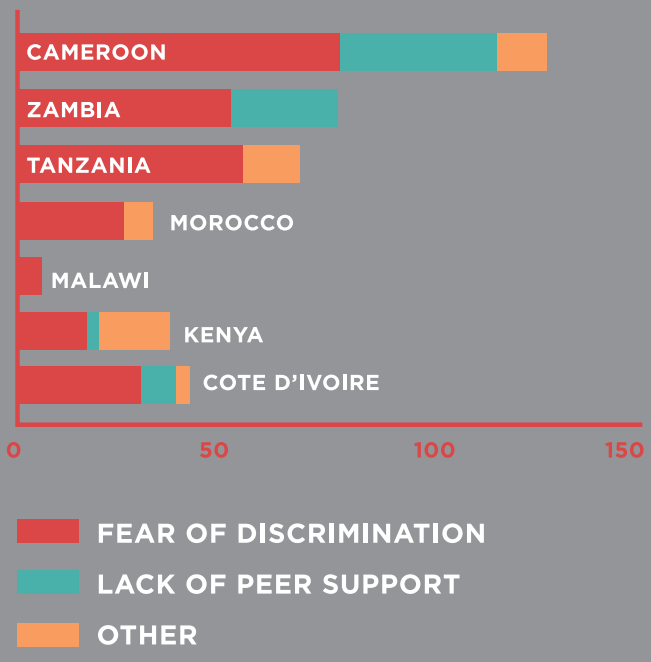
Perceptions related to differentiated ART delivery varied widely across countries and key demographics. While the vast majority of respondents across countries indicated that this was of interest to them and that one or more of the proposed models for differentiated ART delivery would make collecting their ARVs easier, results varied across countries in terms of the most popular options (e.g. community drug distribution points (CDDPs) vs. a fast track window within the clinic).

Additionally, the survey revealed perceptions on the potential negative impact of differentiated ART delivery models. For example, 37% of responded expressed fear that delivery of their ARVs closer to home would lead to exposure of their status and consequent stigma and discrimination. Similarly, the majority of health workers that were interviewed also expressed the opinion that fear of stigma and discrimination could hinder the successful implementation of differentiated ART delivery, among other key factors, including the need for comprehensive training and awareness-raising for health care workers and the communities that they served.

RECOMMENDATIONS FROM RESPONDENTS AND FURTHER RESEARCH

1. **Integrate sites utilised for ARV delivery with that of medicines for other chronic illnesses so that PLHIV do not feel 'singled out'.**
2. **Change timings at facilities so that PLHIV can collect their medicines after the end of the school and work day.**
3. **Recruit more nurses and health workers so that PLHIV do not have to wait for many hours in long queues to receive their medicines or to have their check ups.**
4. **Task shift to peers who have an understanding of how to distribute ARVs.**
5. **In areas where peer educators and health workers make home visits to check on clients and remind them of their next appointment, they should be able to deliver their ARVs as well.**
6. **Train/re-train health workers and communities on differentiated ART delivery and what it means in diverse contexts. Address concerns related to less monitoring of stable patients to alleviate fear and insecurity about changes in the treatment system leading to illness and even death.**
7. **Raise awareness among health workers and communities on issues related to stigma and discrimination so that HIV is treated like any other illness.**
8. **Train all community health care workers and ART delivery practitioners in all matters of human rights, sexuality and reproductive health in order to address and solve issues related to ART delivery within the community. This should include further training on confidentiality, which will be more critical than ever if drugs are being delivered closer to home.**
9. **Ensure that all drugs and essential reagents are available all the time.**
10. **Encourage more PLHIV to become peer educators.**

Perceptions of obstacles or negative impact in terms of care and treatment
(Responses in percentages of total numbers).



ARASA AIDS & Rights Alliance for Southern Africa

ITPC INTERNATIONAL TREATMENT PREPAREDNESS COALITION

www.arasa.info www.itpcglobal.org