Current HIV Care Structures

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Differentiated Care / Decentralization

Introduction

- In Nigeria there are considerable obstacles to treatment access
  - include inadequate human resource for health,
  - over centralization of service
  - congestion of large urban clinics
- It is necessary to adopt service delivery models that improve access, enhance adherence, improve retention and strengthen systems
- Decentralization, task shifting to nurse-led teams and efficient procurement and supply management are innovations to ART service delivery that will support massive scale up of services required to achieve the 90-90-90 by 2020 targets.

Differentiated Care

Differentiated care is the delivery of a minimum package of HIV/AIDS treatment care and support services according to the diversity of care needs of people living with HIV.

Four categories of people living with HIV/AIDS with specific services

- **Newly diagnosed patients who are generally well at presentation, in WHO stage 1 and 2 with probably high CD4+ cell counts**
- **Patients who present with advanced disease WHO stage 3 and 4 with probably low CD4+ cell counts**
- **Patients who have been unstable on ART**
- **Patients who have been stable on ART**

Differentiated approaches to HIV care

People living with HIV	Care package elements
Newly diagnosed presenting well	• Initiation of ART • Adherence and retention support • TB screening and IPT
Newly diagnosed presenting with advanced disease (CD4+ cell count below 200 cells/mm or WHO diseases stages 3 and 4)	• Initiation of ART • Clinical package to reduce mortality and morbidity • Opportunistic infection screening and management. • TB screening diagnosis and treatment • Cotrimoxazole and Isoniazid prophylaxis
Unstable individuals	• Adherence and retention support • viral load testing • switch to second- or third-line ART if indicated, monitoring for HIV drug resistance (HIV-DR) • Opportunistic infection screening and management. TB screening diagnosis and treatment. ,Cotrimoxazole and Isoniazid prophylaxis
Stable individuals	• Reduced frequency of clinic visits and community ART delivery models

Decentralization

Decentralization is the devolution of part responsibility for the offer of HIV treatment and care in tertiary and secondary level ART centers to primary level health facilities.

PHCs are able offer services such as initiation of ART and routine ARV refills.

Involves shifting of certain tasks from physicians to non-physician,.

Decentralization

Task shifting and sharing have rapidly increased the number of sites providing ART services and scaled up PMTCT service in Nigeria.

ART provision at the PHC ensure services are brought closer to clients' homes.

In addition, decentralizing HIV treatment also strengthens community involvement thereby optimizing access to services, care-seeking behavior and retention in care.

Minimum Package of Care by Health Facility

This summarizes the minimum package of care services that should be available at the various levels of care

Primary level	Secondary level	Tertiary level
• HCT • Initiation of ART including PMTCT • Routine ARV-re-fill • Adherence counselling • ARV Prophylaxis for HEI • Basic laboratory investigations • Prevention and treatment of OIs • Prevention and treatment of malaria • DOTS • Adherence counselling • Psycho-social counselling • Home-based care services • Nutritional support • Palliative care • M & E • Growth monitoring • Linkage to secondary	• HCT • Initiation of ART including PMTCT • Routine ARV-re-fill • Adherene counselling • ARV Prophylaxis for HEI • Basic laboratory investigations • Hepatitis screening • CD4+ count estimation • X-ray, • ART • Prevention and treatment of OIs including TB • Prevention and treatment of malaria • Nutritional management • Adherence counselling • M & E • Linkage to tertiary level facility	• HCT • Initiation of ART including PMTCT • Routine ARV-re-fill • Adherence counselling • ARV Prophylaxis for HEI • Basic and advanced laboratory investigations • Hepatitis screening • CD 4+ count estimation • X-ray • LFT • ART • Prevention and treatment of OIs including TB • Prevention and treatment of malaria • Nutritional management • Adherence counselling • M & E • Viral load

Task Shifting/Linkages/Retention in Care

Task shifting and Task sharing

Task shifting and task sharing involve the redistribution of tasks within health workforce teams.

Task shifting and task sharing has address the high patient-to-doctor ratio, reduce the high default rates among patients already on ART and improve patient satisfaction.

Task shifting and sharing has allowed for rapidly increasing the number of sites providing ART services and scaled up PMTCT in Nigeria.

The national policy on task shifting recommends that registered nurses can

- Perform routine screening tests including HIV testing services
- Assess client's readiness to commence ART
- Initiate first line ART for clients without complications
- Maintain (refill) ART in stable HIV positive clients
- Substitution of ARV regimen according to national guidelines
- Screen and treat opportunistic infections
- Refer cases beyond their competence
- Health workers should refer to the policy on task shifting for details

Retention in care, treatment and support

Patient retention refers to the proportion of people who continue ART among those who ever started.

Retention in care is critical to the overall success and impact of HIV programme. Excellent adherence to ART is required for optimal clinical outcomes in patients with HIV infection.

Retention in care and on treatment allows provision of medications for opportunistic infections, evaluation for medication toxicities and identification of treatment failure.

Linkages for HTS, networks and referral Services

Early linkage prevents HIV transmission, disease progression and improved health outcomes for PLHIV.

Factors preventing early linkage stigma, discrimination and lack of understanding of the diagnosis of HIV. Health facilities related factors include long waiting times, long clinic appointments, clinic personnel attitude.

Structural barriers preventing linkage to treatment include distance to clinic, transportation cost amongst others

Linkages for HIV testing, networks and referral Services

Linking HIV testing to treatment and care can be improved through the following:

- **Integration of HIV services**
- **Decentralization of ART provision to lower level cadre health facilities.**
- **Promoting partner testing and notification.**
- **Family support and family centered case finding/index case finding**
- **Support groups for HIV+ clients**

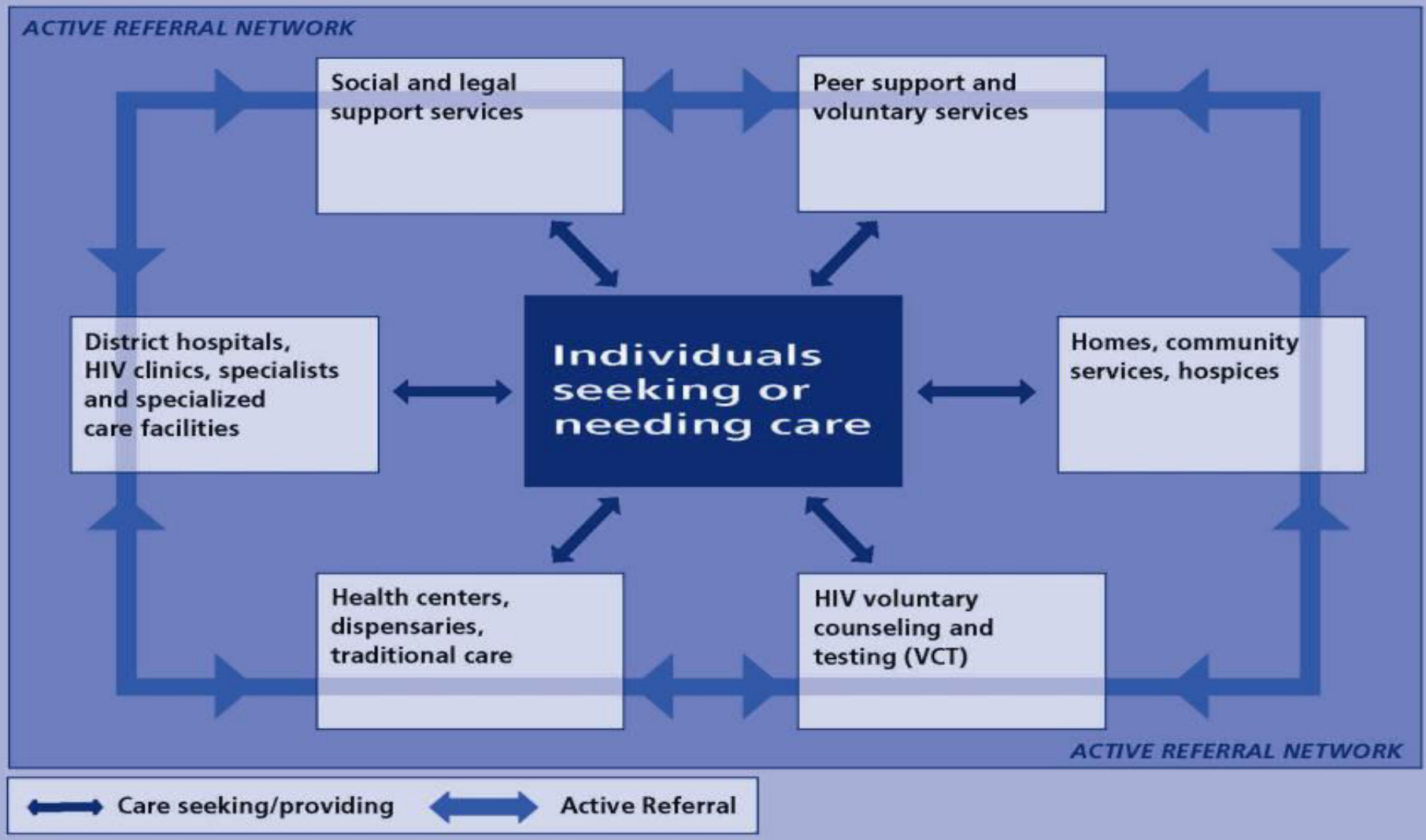
Referral Services

Referral is the process whereby the treatment, care and support needs of the clients are assessed and prioritized

Referral should also include proactive actions necessary to facilitate initial contact with treatment, care and support service providers.

Patients who are receiving care and treatment in primary health centers should be able to access secondary and tertiary level facilities for more advanced services, as the situation requires.

The Continuum of Care



It is based on the availability of functional linkage and referral systems between health facility and existing community based support for PLHIV.

Thank You