



WHAT'S NEW IN SERVICE DELIVERY

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Differentiated care for HIV requires delivery of different care packages for people based on their needs.

As more people start treatment it is important to maximise the quality of care and ensure efficient health services.

Updated WHO Consolidated ARV Guidelines will be available in December 2015 and include recommendations to support appropriate quality care.

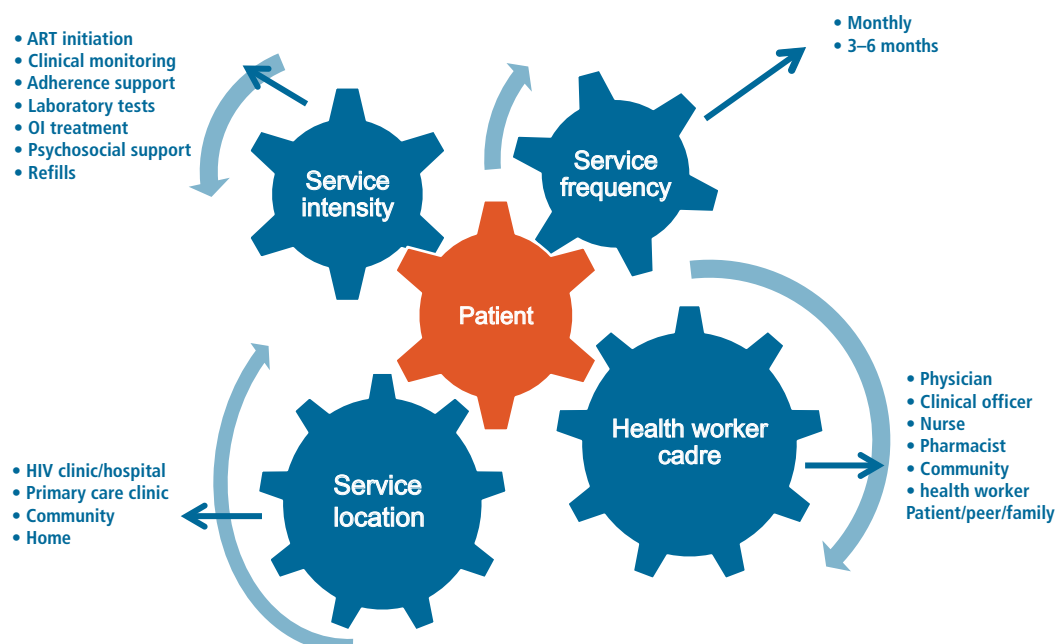
Differentiated care

- The differentiated care framework includes specific care packages based on care needs.
- Differentiated care¹ is characterised by 4 delivery components:
 1. the type of services delivered
 2. the location of service delivery
 3. the provider of the services
 4. the frequency of the services
- Implementing the framework and adapting to the country context can support improvements in health outcomes and overall acceptability of services. Implementing this approach can help to relieve overburdened health care settings and enable more attention be given to those at greatest need.

Care packages

- As national HIV guidelines evolve to start all people living with HIV on antiretroviral therapy (ART), delivery of care will need to adapt to the increase in the number of people and their diverse needs.
- Programs must retain capacity to respond to those who present with advanced disease and are at heightened risk of morbidity and mortality², whilst enabling care for those initiating treatment who are well.
- 4 groups can be identified³:
 - **people presenting well** with higher CD4 counts
 - **people with advanced disease**
 - people who are **unstable** on treatment and need careful monitoring
 - people who are **stable** on ART
- **Stable patients** are likely to represent the majority of people of ART.

Fig. Key factors in differentiated approaches to HIV care¹



- **Patients with advanced disease**⁴ those presenting to care with CD4 count below 200 cells/mm³ or WHO disease stage 3 and 4. The package of care can include:
 - Rapid initiation of ART (once risk of Immune Reconstitution Inflammatory Syndrome is ruled out)
 - Systematic Cryptococcus antigen screening
 - TB screening following isoniazid preventative therapy
 - Screening for toxoplasmosis and co-trimoxazole prophylaxis
 - Intensive follow-up
- **Stable patients** – people who have received ART for at least 1 year and have no adverse drug reactions that require regular monitoring, no current illnesses or pregnancy, are not currently breastfeeding, have a good understanding of lifelong adherence and evidence of treatment success⁵. In the absence of viral load monitoring, rising CD4 counts or CD4 counts above 200 cells/mm³, an objective measure can be used to indicate treatment success. The package of care can include:
 - Less frequent (3–6 monthly) clinical visits
 - Less frequent (3–6 monthly) ART refills
 - Community based, differentiated care
 - Cessation of CD4 community-based care where viral load testing is available



Photo: Munyaradzi Makari/MSF

Providing quality care

People-centred health services involve an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways.

Integrated health services are health services that are managed and delivered in a way that ensures that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and, according to their needs, throughout their whole life.

Good practice statements on quality care

HIV programmes should:

- Provide people-centred care that is focused and organizes around the health needs, preferences and expectations of people and communities, upholding individual dignity and respect, especially for vulnerable populations, and engage and support people and families for informed decision making to play an active role in their own care.
- Offer safe, acceptable and appropriate clinical and non-clinical services in a timely fashion, aiming to reduce morbidity and mortality associated with HIV infection, and to improve health outcomes and quality of life in general.
- Promote efficient and effective use of resources.

1 Duncombe C, Rosenbult S, Hellmann N, Holmes C, Wilkinson L, Biot M et al Reframing HIV care: putting people at the centre of antiretroviral delivery Trop Med Int Health 2015 20(4) 430-47.

2 Braitstein P, Brinkhof MW, Dabis F, Scheter M, Boulle A, Miotti A, Miotti P et al. Mortality of HIV-1 infected patients in the first year of antiretroviral therapy: comparison between low-income and high-income countries. Lancet, 2006. 367(9513) 817-24.

3 People living with HIV may move between these categories at any stage in their lifetime.

4 Consensus definition reached through Delphi technique .

5 2 consecutive viral load measures below 1000 copies/ml

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FACT SHEET

HIV TREATMENT AND CARE