

DIFFERENTIATED CARE PART 1  
FACT SHEET

# COMIC RELIEF

## DEFINING CONCEPTS

**Differentiated Care** is a patient-centred care approach that simplifies and adapts HIV services to reflect the preferences and needs of various groups of people living with HIV (PLHIV). Differentiated care delivers services shaped around the specific needs of different groups of people living with HIV, including key populations.

**Adherence** to treatment means people taking their medication at the same time every day as prescribed. It is the most important factor of successful HIV treatment. Adherence prevents the immune system from being weakened. It helps prevent drug-resistant forms of the virus developing in the body.

**Drug resistance** means that HIV medicines that used to suppress HIV are no longer effective against drug-resistant HIV. Once drug-resistant HIV develops, it remains in the body. Drug resistance limits the number of HIV medicines that can be used successfully in treatment.

**Viral load** is the amount of HIV in a sample of blood. Lost to follow up (LTFU) is used when the patient missed clinic visits for 90 days since his/her last appointment.

**Viral suppression** is reached when a person has a very low level of HIV in the blood. The term Undetectable Viral Load (UDVL) is also used to describe viral suppression. It means that the amount of HIV in the blood is too low to be detected with a viral load (HIV RNA) test.

**Treatment failure** is when the patient's viral load is high despite good adherence to treatment.

**Stable patients** are defined as people who have consistently received ART for at least one year and have no serious reactions to the medication that require regular monitoring. Stable patients have evidence of treatment success, no current illnesses and do not require frequent clinic visits. They also understand that ARV treatment is for life. Patients with abnormal results or who are ill are **unstable patients**.

**Comorbidity** is the presence of one or more additional diseases or disorders occurring at the same time as a primary disease or disorder. An example of this would be somebody who has HIV and diabetes; or HIV and cancer; or TB and high blood pressure.

**PrEP (Pre Exposure Prophylaxis)** is a tablet form ARV taken by HIV-negative people who are at high risk of contracting HIV. It must be taken daily for it to reduce the chance of infection. PrEP needs to be taken during the time an HIV-negative person is at high risk, and does not need to be for life.

**Antiretroviral therapy (ART)** is the medication used to treat HIV. The treatment is effective because it is made of a combination of antiretrovirals (ARVs). ARVs slows the rate at which HIV makes copies of itself in the body and can keep viral loads low. ARVs allow the body's immune system to fight infections again.

**CD4 cells** are white blood cells that act as "soldiers" of the immune system, fighting off infections, bacteria and viruses. ART allows these cells to increase again.

**Key populations** are groups of people who face a higher risk of contracting HIV. Key populations include youth, men who have sex with men, sex workers, people who inject drugs, prisoners, gay men, transgender people. Criminalising and stigmatising sex work, same sex relationships and drug use prevent key populations from accessing prevention and treatment services.

**The HIV Care Continuum** consists of several steps required to achieve viral suppression. These steps include diagnosis, HIV education, linking to care, retaining to care and viral load suppression. The ultimate goal of HIV treatment is to achieve viral suppression so that people who have HIV may stay healthy, live longer and reduce their chances of passing HIV to others. HIV care continuum provides a framework to achieving this goal.

## WHY DIFFERENTIATED CARE?

The UNAIDS 90-90-90 goals aims for 90% of people living with HIV to know their status, 90% of people diagnosed with HIV infection to receive sustained antiretroviral therapy (ART) and 90% of all people receiving ART to have suppressed viral loads.

To achieve these goals, HIV education, testing and access to treatment must be improved all along the continuum of care. However, health systems are already strained.

The World Health Organisation (WHO) has recommended a “differentiated care approach” to relieve pressure on the health system AND reach more people, especially key populations.

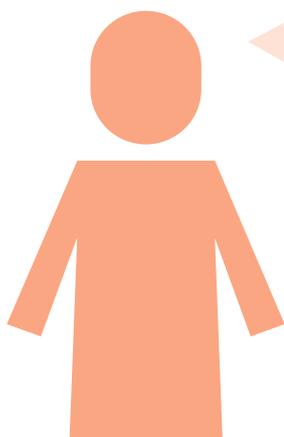
### DIFFERENTIATED CARE TAKES INTO CONSIDERATION:

- the specific key population (e.g. pregnant women, men, adolescents, young people, men who have sex with men);
- the context where they live and seek care (e.g., urban or rural, conflict or peaceful setting);
- the type of service they need according to their conditions (are they stable or unstable patients, do they have comorbidities).

In the table below, the column on the left outlines the problem, while the right column provides the solution. Here are some examples focusing on health facility challenges and differentiated service delivery.

ISSUE	CAUSE	DIFFERENTIATED CARE SOLUTION
<p><b>Long queues at ART refills points discourage clients from waiting for ARVs</b></p>	<p>There is only one pharmacy to serve various patients with a range of needs</p>	<ul style="list-style-type: none"> <li>- Fast-track window for ART refills (only for HIV patients).</li> <li>- Dedicated day and space for HIV patients, organised according to population group, type of services needed and health conditions (stable, unstable, comorbidity etc.).</li> <li>- ART delivery, joined to other clinical services, such as TB services, SRHS and drug dependence treatment</li> </ul>

<p><b>Lost to follow up (LTFU)</b></p>	<p>Long distance traveling to access ART services at the clinic</p>	<ul style="list-style-type: none"> <li>- Mobile clinic and outreach activities to distribute ARTs, trace LTFU and bring defaulters back to care</li> <li>- Community drug distribution points (CDDPs) for ART refills managed by healthcare providers outside the clinic</li> <li>- Community ART refills groups (CARGs) managed by patients themselves, who organise as a group and designate one individual (in rotation) to collect ARVs at the clinic on behalf the group</li> </ul>
<p><b>Stigma and discrimination (at school, in community and also by healthcare workers)</b></p>	<p>Culture, beliefs and poor HIV education</p>	<ul style="list-style-type: none"> <li>- Peer support group and adherence clubs with differentiated services and health education talks</li> <li>- Healthcare workers specially trained for key populations around respect and equal rights to services</li> <li>- Meaningful peer involvement of key population sub-groups in HIV education programme, sensitisation, HIV treatment support (e.g. treatment adherence counselling and psychosocial support)</li> </ul>



**“It’s not about everybody getting the same thing. It’s about everybody getting what they need in order to improve the quality of their situation.”**

CYNTHIA SILVIA PARKER, INTERACTION INSTITUTE FOR SOCIAL CHANGE.

## MAJOR FACT

In 2016, South Africa had 270 000 new HIV infections and 110 000 AIDS-related deaths. There were 7 100 000 people living with HIV in 2016. Just over half of them were accessing antiretroviral therapy. Among people living with HIV, approximately 45% had suppressed viral loads.

NCBI

**South Africa has set targets for progress in dealing with HIV. Between 2017 and 2022 each province must implement strategic plans to reach these targets.**

One of the approaches to help reach these targets is differentiated care for the following key population groups:

- **People who inject drugs:** are 24 times more likely to be at risk of living with HIV.
- **Sex workers:** are 10 times more likely to acquire HIV.
- **Men who have sex with men:** are 24 times more likely.
- **Transgender women:** are 49 times more at risk of living with HIV.
- **Children living with HIV:** present unique.

challenges as they grow from infancy through childhood. This means that their medication and support services need to change with them as they grow. Adolescents living with HIV: they often have varying needs distinct from other ages groups - during this time, they undergo rapid emotional, physical and behavioural changes. They generally experience worse clinical outcomes compared to adults and are at higher risk of being lost to follow up ([Resource](#))

- **Pregnant and breastfeeding women (PBFW) living with HIV:** in South Africa, it is now standard for PBFW living with HIV to receive their pregnancy-related and HIV care at the same time. In South Africa these services are standard practice. ([Source: Avert](#))

## A CLOSER LOOK AT TREATMENT AND CARE FAILURES & SUCCESS (CASE STUDY)

In Kibera, Kenya, the primary health care system was seeing a high volume of patients coming for antiretroviral treatment (ART), as well as hypertension and diabetes. A [medication adherence club \(MAC\)](#) was developed for stable patients with HIV, hypertension or diabetes. They meet and plan around handing out medication to other stable patients. To date, a total of 1,432 patients are part of 47 clubs. Patients are predominantly on ART (71%) and 29% have diabetes or hypertension. A total of 2,208 consultations are now being dealt with by the adherence clubs instead of the primary health care system. The loss to follow up from the MACs was just 3.5%. MACs are an example of health care worker-managed groups.

## WHAT CHANGES ARE NEEDED IN THE HEALTH SYSTEM AND IN OUR VALUES AND BELIEFS TO MAKE DIFFERENTIATED CARE POSSIBLE?

Differentiated care should be implemented as a response to specific challenges or barriers faced by patients. Differentiation could improve quality of care, outcomes and patient satisfaction.

In order to deal with healthcare workers workload, the health system needs to prioritise task shifting.

This means giving tasks from highly qualified health workers to health workers with shorter training and fewer qualifications or to ordinary people who are supervised. Task shifting may increase the effectiveness and efficiency of available healthcare workers, enabling the existing workforce to service more people.

**Differentiated care** advocates for services to be provided with respect for diversity, and with confidentiality. Healthcare workers need to show good communication skills, and be knowledgeable, sensitive, nonjudgmental, empathetic and supportive.

**Stigma:** In South Africa, cultural or traditional beliefs about HIV and AIDS often contribute to stigma. In some cases, HIV and AIDS is blamed on witchcraft, and supernatural forces. Stigma is also a result of misinformation. To address stigma in a South African community, a thorough understanding of how stigma works in the specific cultural context is needed. (Source: HIV/AIDS Stigma in a South African Community)

**Fear of judgement:** LGBTI groups and many people from key populations face stigma and criminalisation of their behaviour and as people living with HIV (PLHIV). Many members of key populations groups are reluctant to share openly about their choices and lifestyles. This impacts their ability to access necessary, appropriate and relevant health services.

(Source: Differentiated service delivery for key populations)

**Lack of access:** HIV testing and treatment services in South Africa have improved but individuals from key populations are still underserved. Key population numbers are still low across the prevention and HIV care continuum.

## REMEMBER YOUR SEXUAL AND REPRODUCTIVE RIGHTS!

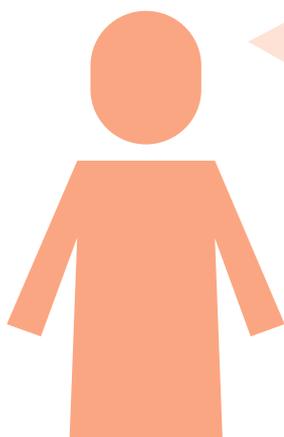
Sexual rights are human rights that relate to sexuality. Reproductive rights relate to a person's fertility, ability to reproduce, reproductive health and family planning.

### YOUR SEXUAL RIGHTS INCLUDE:

- The right to equality
- The right to participation in decision-making
- The right to life and to be free from harm
- The right to privacy

- The right to personal freedom and to be recognised as an individual before the law
- The right to think and express oneself freely
- The right to health
- The right to know and learn
- The right to choose whether or not to marry or have children
- The right to have your rights upheld

(Exclaim! IPPF)



**“The amount of time we spend at the health facility in the queues – a queue for triage, a queue for the nurse, a queue at the pharmacy and a queue for the labs – it’s too much time. I want to come to the facility only twice a year... I have a life to live.”**

P. ASERO ACHIENG, PLHIV, KENYA

**BIG FACT**

Adolescents living with HIV face barriers at health facilities, “including long wait times, negative health worker attitude and, at times, limited privacy”. They have high levels of anxiety relating to their peers knowing about their status as well as concerns about frequently missing school for check-ups and ART refills. While these barriers are not unique to adolescents, their developmental stage and the changes they are facing mean that they may experience a greater sense of frustration and isolation deterring them from regular attendance.

WHAT WORKS FOR ME: ACTIVIST TOOLKIT ON DIFFERENTIATED SERVICE DELIVERY

Differentiated service delivery models that provide peer support and youth-friendly clinics have tremendous potential for reducing the sense of isolation that adolescents may feel and for increasing their adherence to ART.

**DID YOU KNOW?**

In South Africa, the National Department of Health developed a differentiated care strategy to “reward” good adherence of stable chronic patients, including patients on ART.

With faster clinic services & flexibility the reward was to choose their preferred medication collection service (patient-centred focus) through

**3 OPTIONS:**

1. **Spaced and FAST LANE appointment system at the clinic**



2.

**Adherence clubs in clinic or community, where ART is provided**



3.

**Central chronic medication dispensing and distribution**

through external pick up points, adherence clubs or spaced and fast lane appointments



## WHERE TO ACCESS DIFFERENTIATED CARE? / HOW TO ADVOCATE FOR DIFFERENTIATED CARE?

- The primary point of ART distribution is the clinic. However, with the differentiated ART model, ART delivery could be community based and visits to the clinic will only be needed for clinical appointments.
- If adequate ART refills are available at the community (CBO or community drug distribution point), a stable patient may not have to attend the clinic again until their next clinical check-up.
- If only 1-3 month supplies are available, intervening visits could be used only for picking up ART at a special fast-track window (clinic), thus reducing waiting time at the clinic.
- If routine viral load testing (RVLT) is available at the community, clinical visits for recipients of care with suppressed viral loads can be reduced to once a year. This is current practice in South Africa.
- Recipients of care save time and money both on transport costs and salary lost due to missing days of work. Less frequent visits also reduce the high levels of stress associated with asking for time off work and school or leaving family members in need of care for many hours each month. Health services also benefit from fewer recipients of care, shorter queues and the opportunity to spend more time with those who need their services more.

### REMEMBER

**By law, any health appointments and requests must be kept confidential by the professionals you speak to. You have a right to privacy.**

**Empowered and informed PLHIV communities will need to demand differentiated ART delivery as part of their right to access the best possible treatment and care. To demand this, they must know about it, understand it and be able to assess the impact it will have on their lives and treatment.**

The following things should be considered to advocate for differentiated care:

**Evidence:** must show that there is a real need for it

**Community owned:** groups of activists must drive the effort and ensure local people are adding their ideas

**Realistic:** focusing on changes that are actually possible within the community and with the resources that are available.

### RESOURCES

- Module 7 of the ITPC ACT 2.0 Toolkit for Community Activism
- Community Toolbox, Developing a plan for advocacy
- Differentiated service delivery for families - children, adolescents, and pregnant and breastfeeding women: A background review
- HIV/AIDS Stigma in a South African community
- Differentiated service delivery for key populations
- Evidence for scale up: the differentiated care research agenda

**RESOURCES**

- Differentiated care for HIV: A decision framework for ART delivery
- Uptake of HIV differentiated care models for patients on antiretroviral therapy in South Africa
- International Council of AIDS Services Organisations and International HIV/AIDS Alliance. Measuring Up – A Guide for Learners: HIV-Related Advocacy Evaluation Training for Civil Society Organisations. 2010.
- Please also look at [www.differentiatedcare.org](http://www.differentiatedcare.org) for extensive resources that are useful for advocacy, including global guidance, national policies and operational plans relating to differentiated care and summaries of available evidence from programme interventions.