Getting started guide: Finding next steps towards implementing person-centred care for people living with HIV in low-resource settings

Purpose of the getting started guide

This template has been developed as a post-learning tool for learners to complete and reflect upon after completing the training. It is intended to inspire and inform next steps in developing approaches to implementation of person-centred care for people living with HIV in specific settings and programmes.

How to use this guide

- Think through these questions to work out where to start implementing person-centred care in your setting.
- Use the selected examples and WHO guidance for inspiration.
- After you have made a change, come back to these questions and reflect on what has changed.
- Please also reflect on the challenges and opportunities, as outlined in the presentation.

Questions for reflection

1. When and where do the principles of person-centred care apply in my work?
2. Which of the example activities could be implemented in my programme?
3. What adaptations to the examples are needed to make the activities work in my context?
4. What additional activities does this reflection inspire me to consider implementing in my context?
5. What challenges to implementation must be overcome?
6. What are the opportunities that could support me to implement person-centred care every day?
7. How will changes be monitored and evaluated? How is success defined?
8. How can we sustain continuous improvement?

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Selected World Health Organization (WHO) guidance on HIV service delivery to inform prioritization

For further information, see the WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach.

Chapter 7: Service delivery

7.2 Linkage from HIV testing to enrolment in care

Following an HIV diagnosis, a package of support interventions should be offered to ensure timely linkage to care for all people living with HIV *(strong recommendation, moderate-certainty evidence)*.

The following interventions have demonstrated benefit in improving linkage to care following an HIV diagnosis:

- streamlined interventions to reduce time between diagnoses and engagement in care including (i) enhanced linkage with case-management; (ii) support for HIV disclosure; (iii) tracing; (iv) training staff to provide multiple services, and (v) streamlined services *(moderate-certainty evidence)*;
- peer support[a] & navigation approaches for linkage *(moderate-certainty evidence)*; and
- quality improvement approaches using data to improve linkage *(low-certainty evidence)*.

[a] Includes peer counselling.

Good practice statement

ART initiation should follow the overarching principles of providing people-centred care. People-centred care should be focused and organized around the health needs, preferences and expectations of people and communities, upholding individual dignity and respect, especially for vulnerable populations. It should promote the engagement and support of people and families to play an active role in their own care through informed decision-making.

Good practice statement

All people newly diagnosed with HIV should be retested to verify their HIV status before starting ART, using the same testing strategy and algorithm as the initial test. To minimize the risk of misdiagnosis, this approach should be maintained in settings in which rapid ART initiation is being implemented.

Good practice statement

The introduction of the "treat all" recommendation (ART for all people living with HIV regardless of CD4 cell count) supports the rapid initiation of ART, including the offer of same-day initiation where there is no clinical contraindication.

Good practice statement

People with no contraindication to rapid ART initiation should be fully informed of the benefits of ART and offered rapid ART initiation, including the option of same-day initiation. Rapid start of ART is especially important for people with very low CD4 cell counts, among whom the risk of death is high. People should not be coerced to start immediately and should be supported in making an informed choice regarding when to start ART.

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7.4 People-centred care

Good practice statement

Health systems should invest in people-centred practices and communication, including ongoing training, mentoring, supportive supervision and monitoring health-care workers, to improve the relationships between patients and health-care providers

Good practice statement

HIV programmes should:

- provide people-centred care that is focused and organized around the health needs, preferences and expectations of people and communities, upholding individual dignity and respect, especially for vulnerable populations;
- engage and support people and families to play an active role in their own care by informed decision-making;
- 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; and
- promote the efficient and effective use of resources.

Good practice statement

Health-care workers should receive appropriate recurrent training and sensitization to ensure that they have the skills and understanding to provide services for adults and adolescents from key populations based on all persons' right to health, confidentiality and non-discrimination

Selected activities from the four case studies for inspiration

1. Service structure and organization

- Optimize service delivery by utilizing client flow mapping to reduce delays and streamline services (A).
- Foster an inclusive environment that emphasizes a welcoming and respectful atmosphere (A).
- Empower clients by offering explanations on any proposed treatment plan and share decision-making "powers" with clients during treatment-related conversations (C).
- Exercise a flexible work schedule and resource distribution of healthcare services that are accessible to clients (C).
- Offer the possibility of fee exemption, additional medication or alternative arrangements, and personal contact information (C).
- Present clients with a telephone "hotline" for immediate questions, support and appointment scheduling (D).
- Provide clients with a single-time reimbursement for transportation to the clinic (D).
- Remind clients about upcoming appointments by calling a day before the clinic appointment or establish a home visit for the individual if phone intervention is not successful (D).
- Continue to address any questions the client asks about HIV or additional care provided (D).

2. Healthcare provider competencies and support

- Train and mentor healthcare providers to enhance their skills in assessing and managing re-engaging clients, including specific welcoming behaviours, for example, using a "welcome handshake" (A).
- Provide specific training for adherence counsellors to enhance their psychosocial support for re-engaging clients (A).
- Remember five insights to help manage re-engaged clients: welcome the client back to care; normalize the challenges they face to demonstrate that they are not alone; acknowledge and celebrate the client's effort for returning; provide needed support to re-engage; and empower them to take ownership of their treatment and care (A).
- Conduct focus group discussions among various healthcare workers of different practising areas to assess client-provider interactions and service delivery (C).
- Provide training and on-site mentoring of healthcare providers on work culture, teamwork and power dynamics, and assessing client experience (C).

3. Data collection, feedback and utilization

- Conduct pre- and post-evaluations of person-centred interventions and clients' clinical outcomes using routinely collected health data (A).
- Conduct programme evaluations, including client feedback and healthcare provider experiences of service delivery, using quantitative data and qualitative methods (A).
- Use all client and clinical data available, including on adherence, drug refills and laboratory test results, to identify and address potential client challenges to adherence (B).
- Consider using systematic coding and analysis of client-provider conversations, including using audio-recording assessments with medical officers, clinical officers, nurses and lay providers (C).

4. Client-healthcare provider interactions

- Move beyond just creating a welcoming atmosphere to actively empowering clients to participate in care decisions; encourage them to share their individual challenges and reasons for disengaging from care to help them identify what they may need to remain engaged (A).
- Integrate a five-step counselling approach: emphasize the importance of ART adherence; explore client motivation for ART adherence; ask clients to describe "good" and "bad" days with ART treatment; work with clients to identify adherence challenges; and identify solutions. This fosters a trusting environment between healthcare providers and an individual's treatment regimen (B).
- Encourage discretionary power practices, such as narrowing hierarchical distance between client-provider interactions, active engagement, using language of equal care, and emphasizing flexible work processes (C).
- Narrow hierarchical distance in care by practising an equal power share between the provider and client during clinical interactions (C).

- Emphasize the importance of greetings in client-provider interactions. Encourage healthcare providers to introduce themselves at the outset of a consultation by revealing their names and positions in the health facility and to invite clients to introduce themselves, as well. Use these introductory comments to demonstrate that clients will be respected and listened to and to invite clients to feel free to share their opinions (C).
- Encourage healthcare providers to acknowledge service shortcomings and apologize to clients where appropriate (C).
- Practice collaborative language during client-provider interactions to emphasize an equal care partnership (C).
- Participate in engaging conversations during client-provider interactions and encourage clients to ask questions (C).
- Establish personal rapport between clients and a clinic by introducing all clients after HIV testing to clinical staff, regardless of HIV status (D).
- Assure the client of an approachable and safe environment by offering flexible clinic hours (D).

5. Governance and leadership commitment

- Provide training and mentorship for management teams' buy-in to adopt and promote a work culture that prioritizes person-centred values and ensures that these principles are embedded in every aspect of care and interaction (C).
- Encourage a team-based approach to managing power dynamics among healthcare providers in different roles and positions within the healthcare setting, promoting collaboration and mutual respect among staff members (C).