Getting person-centred care right: Good practice models of integrating HIV and other health needs

AIDS 2022

Getting person-centred care right: Good practice models of integrating HIV and other health needs

Session presenters

Brent Allan
ICASO, Australia

Tung Doan
Lighthouse, Vietnam

Erick Luc
Lighthouse, Vietnam

Baker Bakashaba
TASO, Uganda

Rodenie Olete
Gabay sa Pulang Laso, Philippines

Daisy Kwala
BHESP, Kenya

AIDS 2022

Overview of the session

Getting person-centred care right: Good practice models of integrating HIV and other health needs
• **Person-centred care to ensure quality of life for people living with HIV – conceptual framework and considerations for implementation,** Brent Allan, ICASO, Australia
• **A model of people-centered, peer-led and one-stop clinic for young key populations and young people living with HIV in Vietnam**, Tung Doan & Erick Luc, Lighthouse, Vietnam
• **A person-centred care approach for adolescents and young people living with and affected by HIV**, Baker Bakashaba, TASO, Uganda
• **Open Doors Home – temporary shelter programme & SEGT-based psycho-socioeconomic support for people living with HIV in the Philippines**, Rodenie Olete, Gabay sa Pulang Lao, Philippines
• **Person-centred care model for sex workers who use drugs in Kenya**, Daisy Kwala, Bar Hostess Empowerment & Support Program, Kenya
• Q&A / Discussion

Getting person-centred care right: Good practice models of integrating HIV and other health needs

Satellite Session SA070 31/07/2022

Person-centred care to ensure quality of life for people living with HIV – conceptual framework and considerations for implementation

AIDS 2022

Brent Allan

Senior Advisor – ASHM

Civil Society Representative – ILF/IAS

Acknowledgement

I want to begin my presentation by thanking the people living with HIV who have generously shared their time, experiences, and perspectives for the purposes of this project. Much of the fight against HIV and AIDS relies upon people living with HIV continuing to put themselves forward and this research and our fight against HIV and AIDS is indebted to those past and present.

Conflict of interest disclosure

Consultant Advisor to NAPWHA (Australia) for a ViiV Healthcare Australia funded project through an unrestricted educational grant.

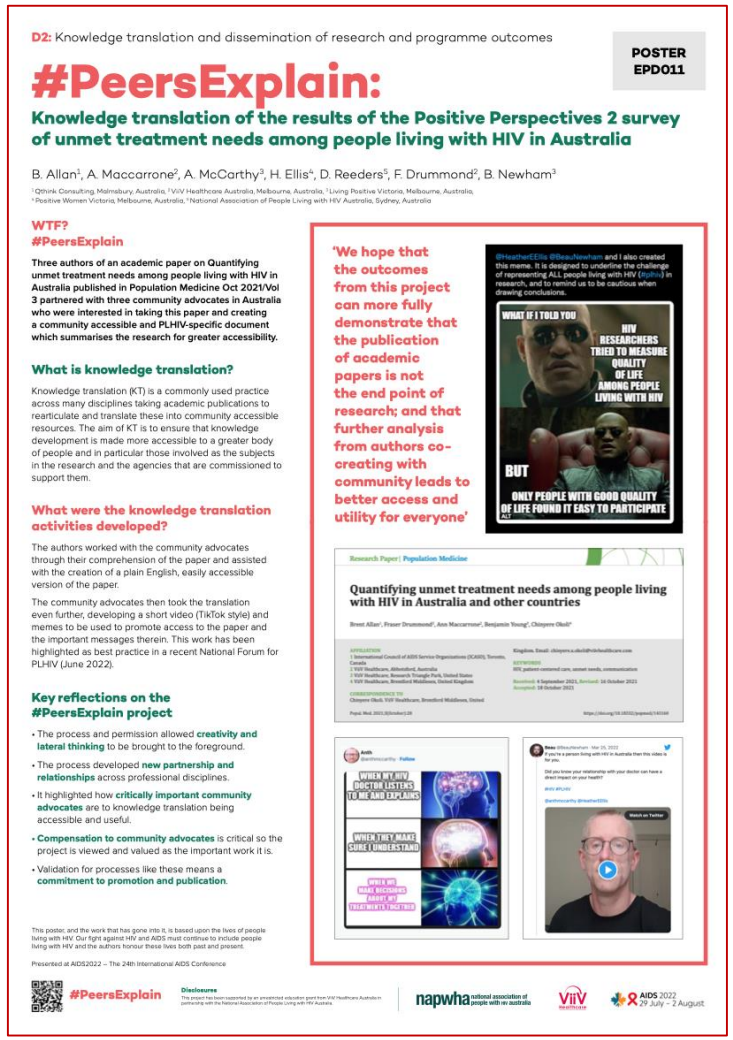
Co-author on a manuscript on Client-led care in HIV funded through an unrestricted education grant from Gilead sciences

National Association of People with HIV Australia (NAPWHA)

AIDS 2022

Achieving Quality of Life for All Project

Project Outputs



D2: Knowledge translation and dissemination of research and programme outcomes

POSTER EPD011

#PeersExplain:

Knowledge translation of the results of the Positive Perspectives 2 survey of unmet treatment needs among people living with HIV in Australia

B. Allan[1], A. Maccarrone[2], A. McCarthy[3], H. Ellis[4], D. Reeders[5], F. Drummond[2], B. Newham[3]

[1]Qthink Consulting, Malmsbury, Australia, [2]ViiV Healthcare Australia, Melbourne, Australia, [3]Living Positive Victoria, Melbourne, Australia, [4]Positive Women Victoria, Melbourne, Australia, [5]National Association of People Living with HIV Australia, Sydney, Australia

WTF? #PeersExplain

Three authors of an academic paper on Quantifying unmet treatment needs among people living with HIV in Australia published in Population Medicine Oct 2021/Vol 3 partnered with three community advocates in Australia who were interested in taking this paper and creating a community accessible and PLHIV-specific document which summarises the research for greater accessibility.

What is knowledge translation?

Knowledge translation (KT) is a commonly used practice across many disciplines taking academic publications to rearticulate and translate these into community accessible resources. The aim of KT is to ensure that knowledge development is made more accessible to a greater body of people and in particular those involved as the subjects in the research and the agencies that are commissioned to support them.

What were the knowledge translation activities developed?

The authors worked with the community advocates through their comprehension of the paper and assisted with the creation of a plain English, easily accessible version of the paper.

The community advocates then took the translation even further, developing a short video (TikTok style) and memes to be used to promote access to the paper and the important messages therein. This work has been highlighted as best practice in a recent National Forum for PLHIV (June 2022).

Key reflections on the #PeersExplain project

- The process and permission allowed **creativity and lateral thinking** to be brought to the foreground.
- The process developed **new partnership and relationships** across professional disciplines.
- It highlighted how **critically important community advocates** are to knowledge translation being accessible and useful.
- **Compensation to community advocates** is critical so the project is viewed and valued as the important work it is.
- Validation for processes like these means a **commitment to promotion and publication.**

'We hope that the outcomes from this project can more fully demonstrate that the publication of academic papers is not the end point of research; and that further analysis from authors co-creating with community leads to better access and utility for everyone'

Research Paper | Population Medicine

Quantifying unmet treatment needs among people living with HIV in Australia and other countries

This poster, and the work that has gone into it, is based upon the lives of people living with HIV. Our fight against HIV and AIDS must continue to include people living with HIV and the authors honour these lives both past and present.

Presented at AIDS2022 – The 24th International AIDS Conference

#PeersExplain

Disclosures

napwha national association of people with hiv australia

ViiV Healthcare

AIDS 2022 29 July - 2 August

Visual access to create greater comprehension:

Incorporating the visual arts into a representational analysis of HIV community dialogue on living with HIV and a quality of life

POSTER EPD001

D. Cordner[1], B Allan[2], D Reeders[3], A Maccarrone[4]

[1]Daniel Cordner Designs, [2]Othink Consulting, [3]National Association of People Living with HIV Australia, [4]ViiV Australia

Background

Over the course of 2021, the National Association of People Living with HIV Australia (NAPWHA) set out to discover what constitutes a quality of life (QoL) for people living with HIV (PLHIV) in Australia. As part of this project, they engaged an artist living with HIV to sit in on the webinars, debates, discussions and briefings with the explicit intention of capturing the key messages that came out of the project. Six unique pieces of art have been created to compliment a narrative position describing what a QoL means to PLHIV in Australia.

Description

With the support of ViiV and utilising the ViiV Positive Perspectives 2 Manifesto as the catalyst for discussions, NAPWHA held a number of events (n=8) over 12 months which interrogated issues such as polypharmacy, intersectionality, healthcare and patient relationships, health literacy and quality of life through a variety of online formats.

NAPWHA recruited an artist living with HIV to sit in and take part in these sessions with the explicit instruction to capture essence and key aspects of these sessions. In the end six pieces of artwork have been developed which have reflected the issues and discussions.

Lessons Learned

Examples of the co-creation of art within the HIV academic, research and service provision spheres are rare. Co-creative activities are an integral part of artistic experiences, as participants in collaborative learning engage and are engaged in cognitive, emotional, and imaginal practices to appropriate and make sense of lived experiences.

Conclusions/Next steps

The artworks created through this project will be integrated as visual elements in the form of a printed catalogue with short essays. They will speak to the discussions that were had and draw attention to the topics covered during the webinars and discussions.

Quality of Life Keys

90/10

Are we on track?

Presented at AIDS2022 – The 24th International AIDS Conference

Author information

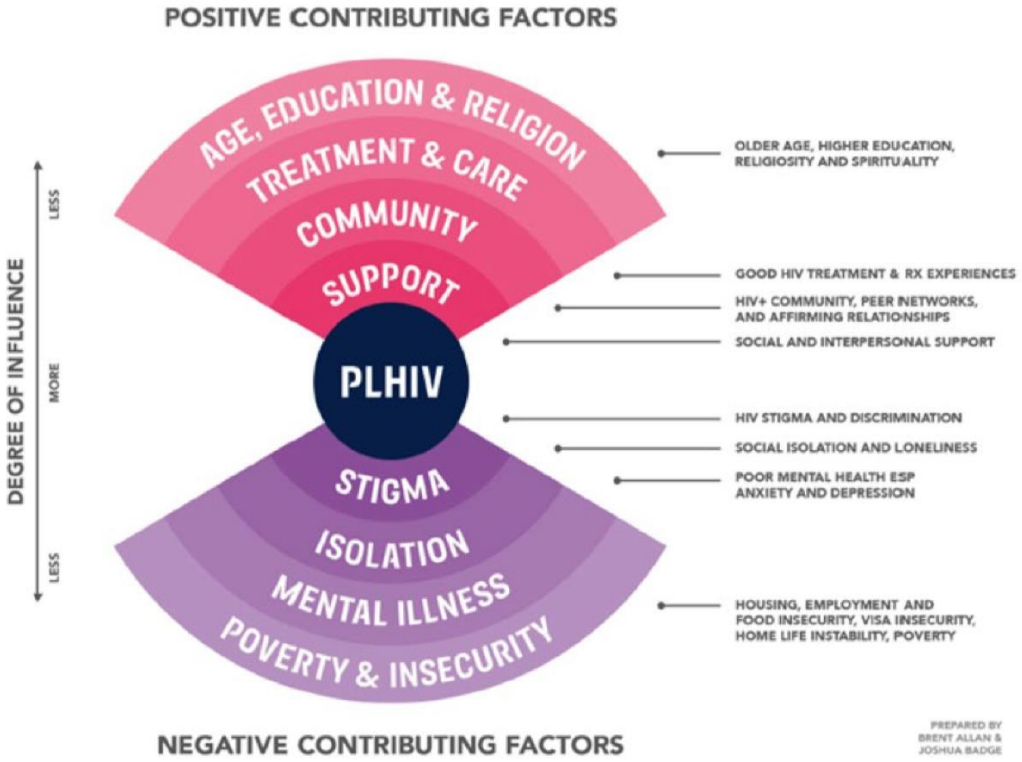
Disclosures

napwha national association of people with hiv australia

ViiV Healthcare

AIDS 2022 29 July - 2 August

AIDS 2022



DRIVERS

Meaning
Belonging
Care
Support

DRIVERS

Isolation
Stigma
Distress
Insecurity

The Australian Community Accord on Quality of Life for People Living with HIV

Daniel Reeders[1] and Brent Allan[2] with artwork by Daniel Cordner[3]

POSTER EPD001

A person-centred framework for eliciting and addressing the drivers of self-perceived quality of life.

Background

The multi-country Positive Perspectives 2 study, conducted by ViiV Healthcare, found people living with HIV in Australia report **very high satisfaction with treatment** (83%), but experience **lower overall wellbeing** (64%) (Allan et al, 2021).

In response, the National Association of People Living with HIV Australia (NAPWHA) undertook a series of web-based community engagement events to build an understanding of how people with HIV in Australia define good quality of life.

The end result is an Australian Community Accord on Quality of Life for People with HIV, which is both a commitment and a call-to-action for the partners in the Australian HIV response.

The Accord defines a framework, based on thematic analysis of our extensive consultation findings, for identifying and addressing the drivers of self-perceived quality of life in people with HIV. It complements validated standardised measures such as PozQOL and the WHOQOL-HIV scales.

POSITIVE DRIVERS

> Meaning
Where HIV fits in your life narrative and what meaning and purpose you can find in living with HIV.

> Belonging
Feeling a sense of belonging and enough of the kinds of social connection that matter to the person living with HIV.

> Care
Wholistic HIV care that goes beyond viral suppression and includes the full spectrum of issues and experiences that affect quality of life for people with HIV.

> Support
Receiving support when times are tough from positive peers and organisations that provide social and support services.

NEGATIVE DRIVERS

> Isolation
A prolonged lack of belonging, social contact and connectedness.

> Stigma
All the many and various ways in which people are devalued as people for having HIV.

> Distress
Acute or chronic lack of psychological ease in everyday life.

> Insecurity
Not having secure living arrangements and life circumstances. This includes poverty, insecure or insufficient income, precarious employment, food insecurity, being homeless or unsatisfactory housing.

The Accord Framework

The Accord calls for action to Advocate, Consider, Address, Reduce, Enhance and Evaluate the drivers of quality of life, including the social determinants of health and health inequities.

Advocate	Quality of life for all people with HIV by 2030		
Consider	Social determinants of quality of life		
Address	**Reduce**	**Enhance**	**Evaluate**
Comorbidities Healthy living Mental health Polypharmacy Treatment literacy Chronic pain	Stigma Isolation Insecurity Distress	Meaning Belonging Support Care	Clients/patients Clinical groups Communities Population

Presented at AIDS2022 – The 24th International AIDS Conference

References
Allan B et al (2021) 'Quantifying unmet treatment needs among people living with HIV in Australia and other countries' in Population Medicine https://doi.org/10.18332/popmed/143160.

Author information
[1] National Association of People Living with HIV Australia (NAPWHA), Sydney, Australia; daniel@napwha.org.au
[2] QTwins Consulting, Melbourne, Australia; brent@kidd.id.au
[3] Daniel Cordner Design / daniel.cordner@gmail.com

Disclosures
The AusQOL project itself, and the authors' and artist's attendance at the International AIDS Conference 2022, were enabled by an unrestricted educational grant from ViiV Healthcare Australia.

napwha national association of people with hiv australia
ViiV Healthcare
AIDS 2022 29 July – 2 August

AusQoL: A PLHIV Community Accord on Quality of Life

The Accord Framework

The Accord calls for action to Advocate, Consider, Address, Reduce, Enhance and Evaluate the drivers of quality of life, including the social determinants of health and health inequities.

Advocate	Quality of life for all people with HIV by 2030		
Consider	Social determinants of quality of life		
Address	**Reduce**	**Enhance**	**Evaluate**
Comorbidities Healthy living Mental health Polypharmacy Treatment literacy Chronic pain	Stigma Isolation Insecurity Distress	Meaning Belonging Support Care	Clients/patients Clinical groups Communities Population

A step further...

Models of care:

Client-centred:

recognised model that acknowledges the care experienced by a person is influenced by the way their health is managed

Client-led:

less well-defined model of care that goes beyond client-centred care for PLHIV who can and want to lead their own care

Objective:

to propose a definition of client-led care in the Australian context and its supporting principles.

Volume 22, Issue S1

Special Issue: Client-led care in HIV: Perspectives from community and practice

July 2021

Crawford D, Allan B, Cogle A, Brown G. Client-led care in HIV: perspectives from community and practice. HIV Med. 2021 Jul;22 Suppl 1:3-14. doi: 10.1111/hiv.13133. PMID: 34296511.

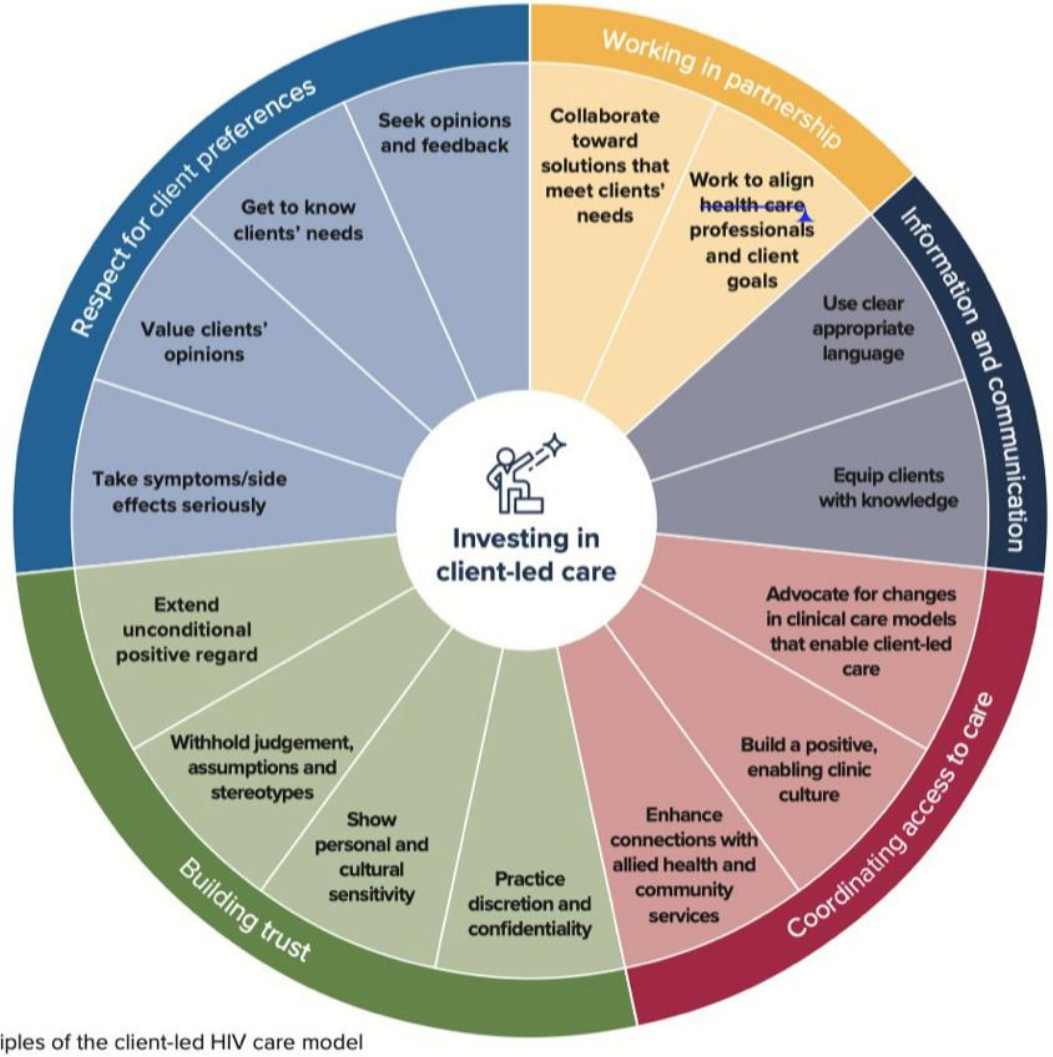
AIDS 2022

Authors conclude…

"A client-led approach can complement conventional HIV care strategies and enable empowerment and greater engagement with care, potentially improving the care continuum and overall QoL for individuals living with HIV ***who can, and want to, lead their own care***."

Results:

The authors identified the following key principles to supporting a model of client-led care based on their HIV community experience and professional opinion:



Principles of the client-led HIV care model

What makes a difference?

1. **The quality of the healthcare provider and patient relationship**
   - acknowledging the changing nature of care over time
   - one size doesn't fit all

2. **A shared understanding of the complexity of care between patient and provider**

3. **Our desire to be …**

Happy…Healthy…Connected

With thanks…

The hundreds of people who took part in the AusQoL Consultation process most notably

- **Ann Maccarone** & **Fraser Drummond** - ViiV Healthcare Australia
- **Aaron Coogle** & staff from NAPWHA
- **Damien Faegan** & co-authors from the Client-led care in HIV paper (July 2021)
- #PeersExplain colleagues – **Heather, Beau and Anth**
- **Daniel Cordner** – artist, activist and graphic designer extrodinaire
- **Dr Graham Brown**, **Dr Lucy Stackpool-Moore** and **Dr Jeffery Lazarus** for continued inspiration and leadership
- **Daniel Reeders** (NAPWHA) – co-author on AusQoL and amazing partner in practice

Thanh Tung and Erick Luc, Lighthouse Social Enterprise, Vietnam

Getting person-centred care right: Good practice models of integrating HIV and other health needs

Lighthouse Community Clinic: A person-centred, peer-led clinic for young key populations and young people living with HIV in Viet Nam

AIDS 2022

Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

A Future of Better Health, Equal Rights, and Sustainable Development for young key populations

Lighthouse' practice areas

Educate and generate demands

Build and deliver friendly, quality services

Conduct the community-led/participatory action research

Advocate for community' rights

Build capacity and empower community

Mobilize, connect & unite the community

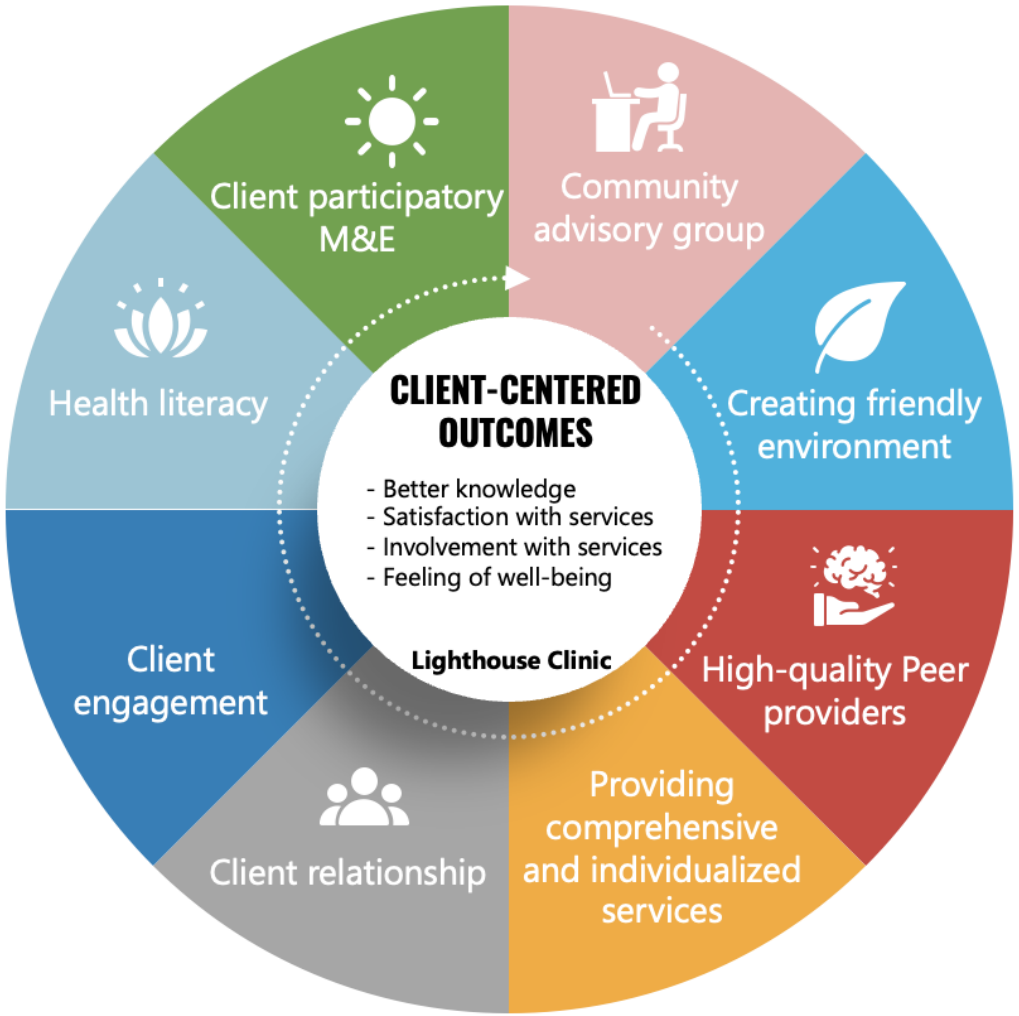
Populations we're serving

AIDS 2022

LIGHTHOUSE
Hải Đăng

Person-centred care is always **listening to and respecting** clients, **caring and meeting the needs** of each individual in a comprehensive and appropriate way, **empowering** people to take care of their own health and well-being, and **meaningfully participate** in improving the quality of health care for the community.

Person-centred care model: overview



Problem statment:	Low uptake of HIV services among young key populations due to unfriendly services.
Solution:	• Raise awareness of young key populations on sexual health, HIV, safe & healthy lifestyle. • Provide peer-led, client-centred, and one-stop services to young key populations. • Maximize the client/community engagement into services
Impact:	• Young key populations equipped with adequate knowledge on sexual health, HIV and healthy lifestyle, and proactively access to related services. • Increased number of young key populations accessing and utilizing HIV related services, improved their quality of health and meet their health outcomes. • Young key populations contributed significantly in design the services that they receive

Building blocks of service model at Lighthouse Clinic

	HIV testing	PrEP/nPrEP	HIV confirmatory test and ARV treatment	STI testing and treatment	Mental health screen and care
WHEN	According to client's preference	After HIV testing service and according to client's preference	After HIV testing service and according to client's preference	Integrated with HIV testing and according to client's preference	According to client's preference
WHERE	At clinic At community events At hotspots At client home/comfort venue	At clinic At community events At hotspots At client home/comfort venue	At clinic	At clinic At community events At hotspots At client home/comfort venue	At clinic At community events At hotspots At client home/comfort venue
WHO	Trained-, sensitized peers & medical staffs Client	Trained-, sensitized peers, medical staffs who are KPs.	Trained-, sensitized peers, medical staffs	Trained-, sensitized peers, medical staffs	Trained-,sensitized peers,medical staffs, psychologists
WHAT	Risk screening, counseling on risk reduction and protection, healthy lifestyle, introduce and perform HIV testing service, referrals.	Information of PrEP/nPrEP, its effectiveness, side effects, myths and facts, PrEP retention and healthy lifestyle, referrals.	Mental support, information of HIV confirmatory test and ARV treatment, its effectiveness, side effects, myths and facts, retention and U=U, HIV neutral status, referrals.	Risk screening, information on STI and importance of taking periodically STI testing and checkup, risk reduction and protection, introduce other HIV servics, referrals.	Mental health screening, counseling on client' mental health status, information on mental selfcare, plan to improve mental health, and referrals.

Person-centred care elements

HIV plus COVID preventive commodities

HIV counseling and testing: HIV community testing, HIVST, ICT/PNS

ARV treatment & TB screening and referrals

Mental health screening and support

PrEP/nPEP & STIs and viral **hepatitis**

Chemsex and **ATS counseling** and support

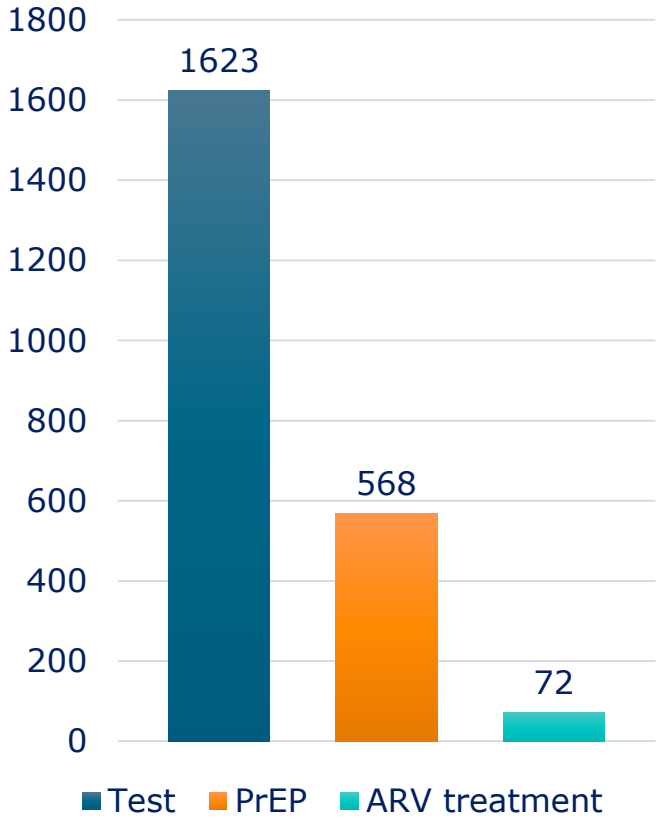
NCD services (Diabetes, hypertension, Cancer screening, etc)

Other services according to community's needs

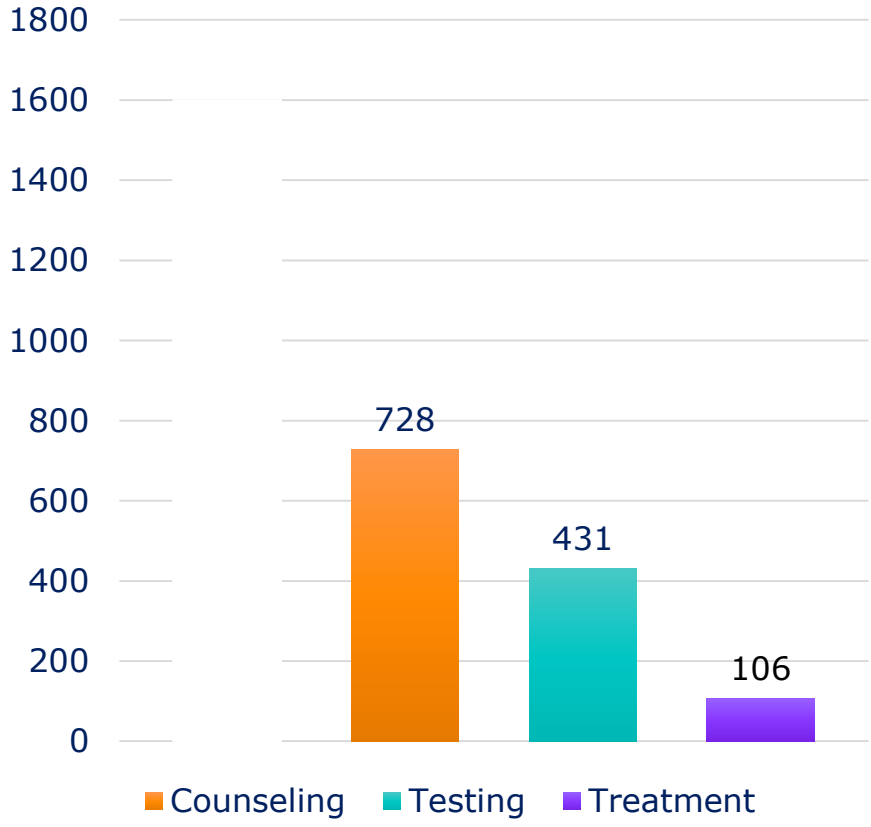
Diversify services to meet the comprehensive needs of the community

Quantitative outcomes

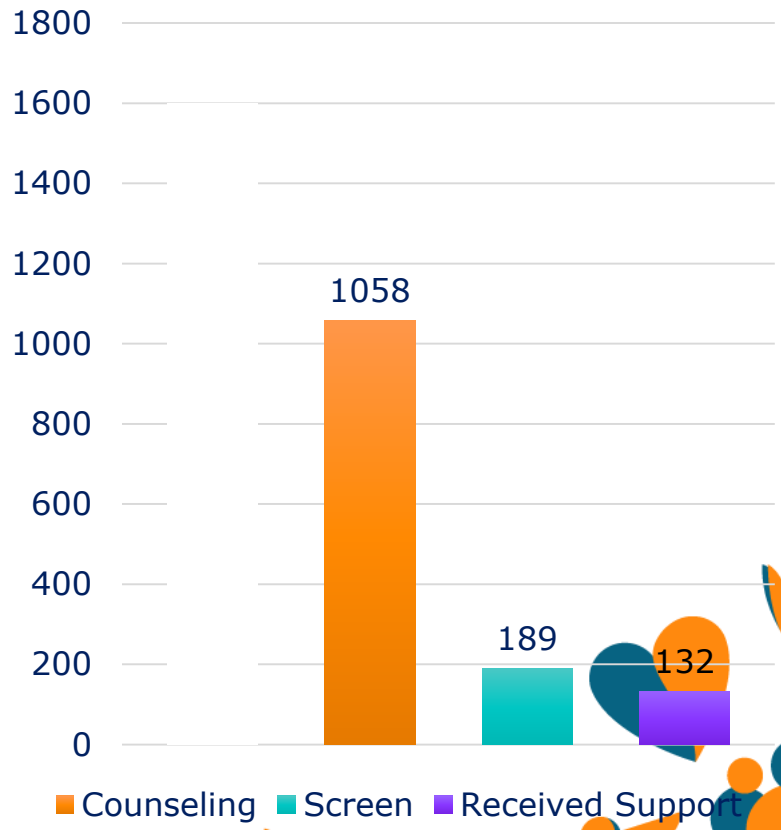
HIV service
Sep 2021 – June 2022



STI service
Sep 2021 – June 2022



Mental health service
April 2022 – June 2022



Quantitative outcomes

Key takeaways:

1. Person-centered PrEP services/approaches need to be **tailored to different sub-groups of KPs** such as young MSM, older MSM, TG, and hard-to-reach KP (e.g Chemsex).

2. Providing a **comprehensive needs-based service** package that helped generate demand for HIV services. **STI, Mental health, Harm reduction, SGBV, Hormone and gender affirmation** care need to be integrated in service package.

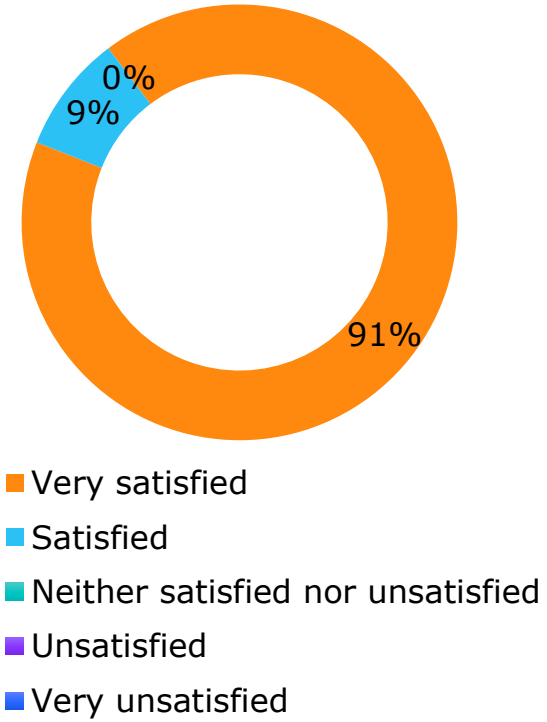
3. Providing **friendly, flexible, services led-by peer** greatly increased the uptake of HIV service.

4. Mobilize the **participation of KP** in the service that helped reach the hidden and high-risk communities

5. Invest in **customer services** helped to increase the retention rate of services.

Client satisfaction

General satisfaction among 561 client via anonymous survey



1. **Availability and accessibility of services**

   86% very satisfied and 14% satisfied
2. **Welcome and service instructions process**

   93% very satisfied and 7% satisfied
3. **Attitude and expertise of staff.**

   98% very satisfied and 2% satisfied
4. **Service delivery procedure**

   88% very satisfied and 12% satisfied
5. **Client care services**

   92% very satisfied and 8% satisfied

Client satisfaction

"In the first time, before I came here, I was extremely worried that I could be judged for having a same-sex relationship. But as soon as I arrived, I felt very comfortable from the clean and friendly space, the staff were all very welcoming and enthusiastic, the procedures were quick and informative. All in all, everything is so nice ...

NDT, 19 years old, a PrEP user at Lighthouse clinic

The clinic has made positive and rapid changes when receiving feedback from the community such as changing working hours to be more flexible, improving the community-friendly space, adding services including support psychology, providing free condoms, and for sexually transmitted diseases ...

NQA, a member of community advisory board

Integration of services

- ✓ Mobilize trained peers to be service providers with appropriate supervision and technical support to peer service providers
- ✓ Develop and provide clear SOPs of services
- ✓ Engage community in design the services
- ✓ Diversify the services and its delivery according to the community's needs (Mobile, Tele, homebased-services, flexible hours..)
- ✓ Mobilize the community in monitoring and service quality improvement.
- ✓ Community exchange and network development

Next steps

1. **Document** the Lighthouse clinic model and **share widely** to other community organizations with the support from IAS.
2. Regularly collect data of **the issues and needs** of the community, and **engage** them in design the new services/ delivery methods.
3. Continue to **strengthen and expand HIV services** to the community by various ways (Mobile, Tele services, home-delivered, community event ...)
4. **Integrate** harm reduction services, hormone therapy and gender affirmation counseling, reproductive health and NCD in current HIV package.
5. Strengthening mental health care services through **art-therapy, peer counseling, mental health friendly service map**.
6. Develop a **platform** for HIV service facilities to exchange and learn about person-centered care model and how to apply in their site.
7. **Advocate** for a national guideline on person-centered care model in Viet Nam

Conclusion

Person-centered care is important because everyone **has the rights** to equitably access **quality health care**.

It's the **right thing to do** to ensure key populations and people living with HIV to achieve **the best health outcomes and well-being**.

It's a vital approach to eliminate **HIV/AIDS by 2030**.

Baker Bakashaba, TASO, Uganda

Getting person-centred care right: Good practice models of integrating HIV and other health needs

A person-centred care approach for adolescents and young people living and affected by HIV

AIDS 2022

Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

"The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the funding agencies."

The AIDS Support Organization (TASO) Uganda

TASO Uganda Ltd is a non-governmental organisation established in 1987 to offer HIV counseling and medical services to people living with and affected by HIV and AIDS.

Vision: " A World Without HIV and AIDS"

TASO is implementing a 5 year health systems strengthening project since 04/01/2017 in Soroti region with a purpose to "Achieve Epidemic Control through attainment of 95-95-95 UNAIDS targets by 2020 and strengthening health systems in Soroti Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR)."

Soroti region consists of 15 districts in North Eastern Uganda

Organization's current practice areas

Young Persons and Adolescents Peer Support (YAPS) at one of the implementing sites

- HIV Prevention, Care and Treatment
- TB prevention and treatment services
- Health systems strengthening

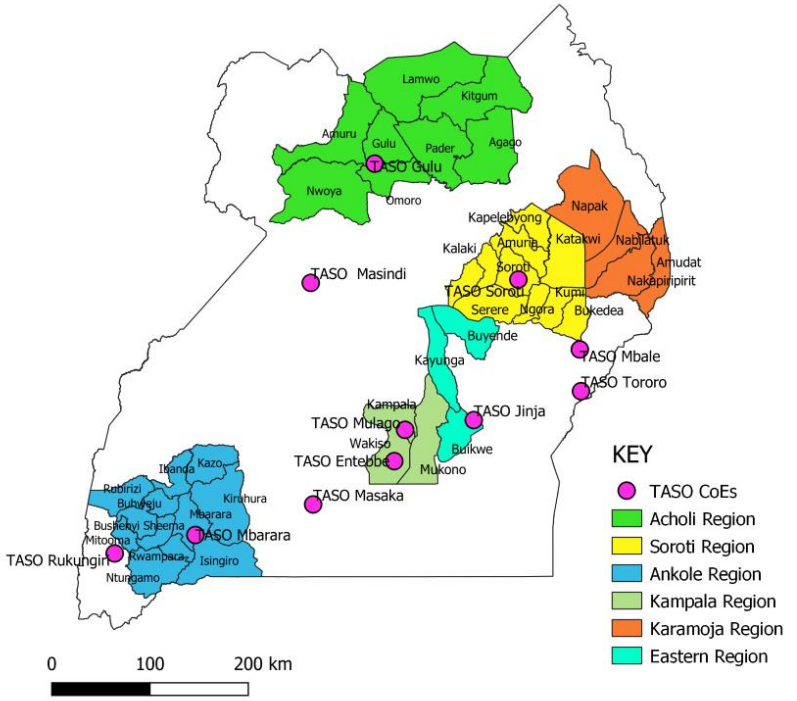
Populations served by TASO

TASO provides HIV care and treatment services to over 193,000 PLHIV in the 11 TASO Centers of Excellence spread across the country and in public health facilities supported in the regions of Soroti, Ankole and Acholi sub-regions of Uganda

The populations served include;

- Adults, pregnant and breastfeeding adolescents and children
- Key populations such as sex workers and their clients, men who have sex with men, people who inject drugs, incarcerated persons

TASO Coverage in Uganda



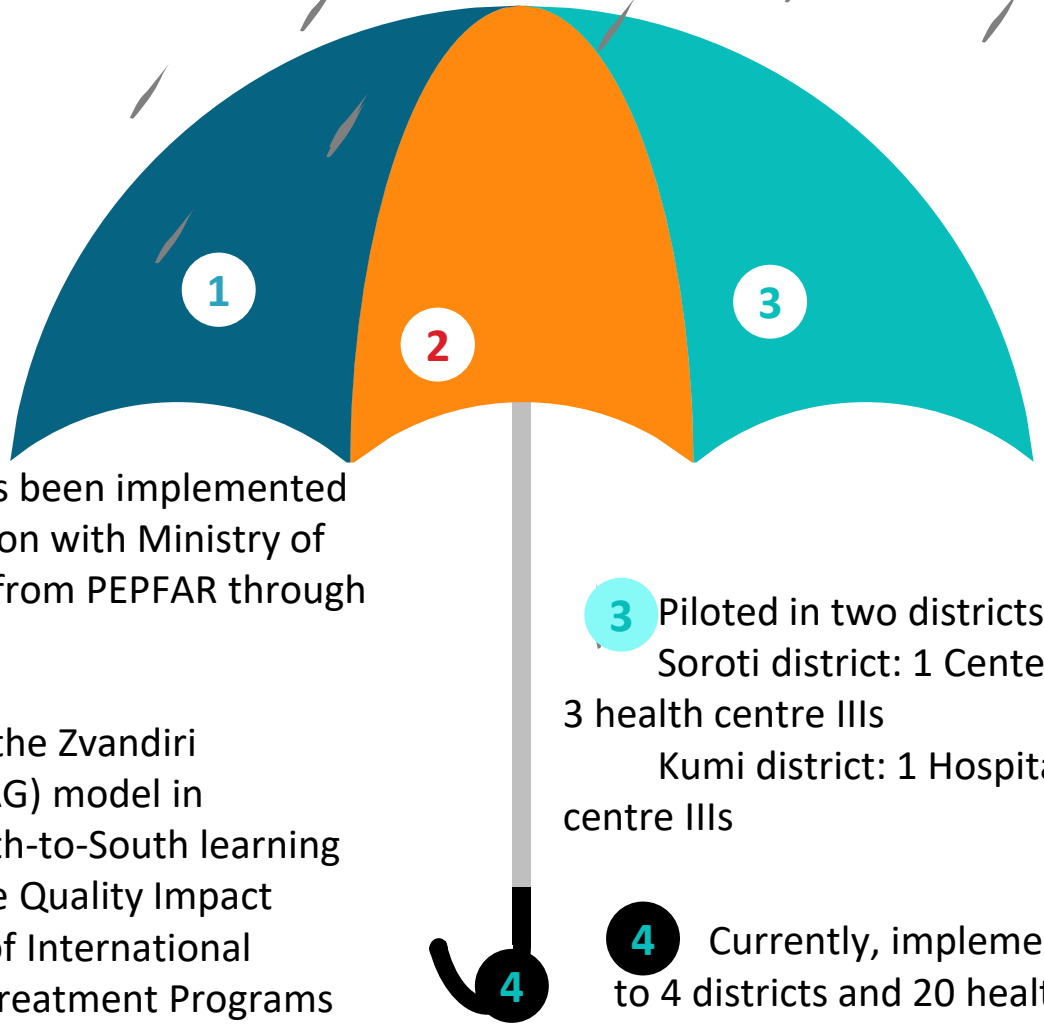
Project Objectives

The specific objectives are;

1. To increase the proportion of adolescents and young people living with HIV who know their HIV status from 68 % to 95% by 2023.
2. To improve ART treatment coverage of adolescents and young people living with HIV from 68 % to 95% by 2023.
3. To increase VL suppression among adolescents and young people living with HIV from 77% to 95% by 2023.
4. To improve psychosocial wellbeing among AYPLHIV through improved quality of psychosocial care and support

YAPS and Adolescent Drama group interact with US Ambassador to Uganda, Natalie E. Brown during her visit to TASO, February 2022

Person-centered care model: overview



Key District stakeholders led by District Chairperson attended YAPS orientation in Soroti District, June 2019

1 The YAPS model has been implemented since 2019, in collaboration with Ministry of Health and with funding from PEPFAR through CDC Uganda

2 It was adopted from the Zvandiri Community ART Group (CAG) model in Zimbabwe following a South-to-South learning visit facilitated by Coverage Quality Impact Network (CQUIN) project of International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University

.

3 Piloted in two districts, each with 5 implementing facilities

Soroti district: 1 Center of excellence, 1 health centre IV and 3 health centre IIIs

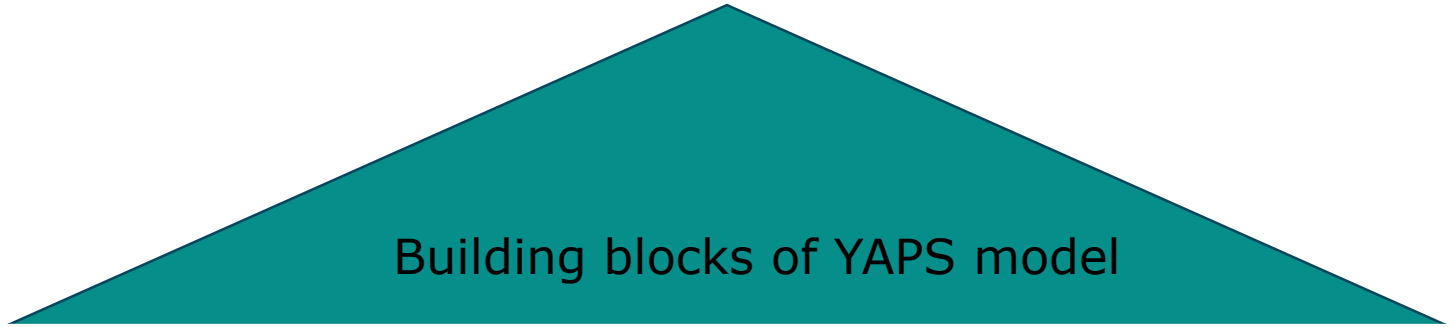
Kumi district: 1 Hospital, 1 health centre IV and 3 health centre IIIs

4 Currently, implementation has been scaled up to 4 districts and 20 health facilities

Overview of the YAPS person-centered care model

- YAPS target population is adolescents (10-19yrs) and young people (20-24yrs)
  - The peers aged 18 to 22 years are formally recruited and facilitated to participate in the management of this sub-population
    - They follow the nationally adopted guidance on: Case identification, linkage to ART, adherence support, follow ups, intensive adherence counselling, home visits and school visits among others
    - They participate in the performance review meeting and contribute towards identification and adoption of strategies

Hand over of Bicycles to Soroti District Authorities and to the YAPS, October 2020



Across each of the Health system building blocks

Leadership and Governance

The peer leaders are allocated 3 days a week to support their fellow Adolescents and Young Persons (AYP), 1 day at the facility and 2 days in the community

Health Workforce

Additional workers to manage AYPs

YAPS take the lead role in planning and implementation

Retention/ Follow up

For both facility and community based care of AYPs.

- Community includes: home and school visits
- Facility include: Reminders by phone calls and use of WhatsApp groups.
- forming income generating groups

Care and support to AYPS/care givers

This cuts across the 95-95-95 cascade for the AYPs
They closely work with the facility YAPS supervisor, and a district YAPS mentor

AYP is established on ART or has Advanced HIV

The established on ART are: suppressed, adhering to treatment and require less support
Those with advanced HIV disease are: usually newly identified, with adherence challenges, suffering stigma and the non-suppressed and require more frequent support

Building blocks of YAPS model Cont.

YAPS facilitating physical education on a clinic day

AYPs learning how to make liquid soap, as one of the Income Generating Activities

YAPS Model elements

- The YAPS model intends to address the complex health needs of adolescents and young people, including health needs other than HIV-related through
  - ❑ Multi sectoral coordination and engagement: Facility level; sub-county level and district level. To ensure every stakeholder is brought on board and their valuable contribution factored into the programing for effective implementation
- The YAPS model, other than HIV; integrates other services and referrals accordingly
  - ❑ Screening: Nutrition, Gender Based Violence screening and prevention, depression
  - ❑ Referral for: Family planning services, Cervical cancer screening, VMMC
  - ❑ Linkage to OVC services.

The YAPS peer leaders for seeing food distribution to AYPs during the lockdown period

Quantitative data ct'd

1. **Active AYPLHIV**
623 in YAPs Program

2. **Self Test Kits.**
263 given self test Kits for testing

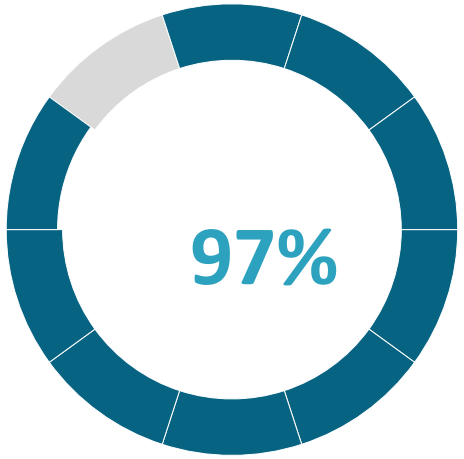
3. **HIV testing Yield**
An improvement in yield from 0.4% in 2019 to 0.8% in 2022

4. **Linkage**
Improvement in linkage from 71% to 100% in 2022

5. **Retention**
100% follow up of lost AYPLHIV 10-24yrs

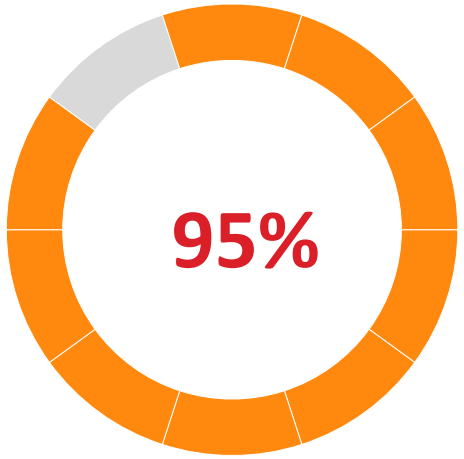
Quantitative outcomes

AIDS 2022



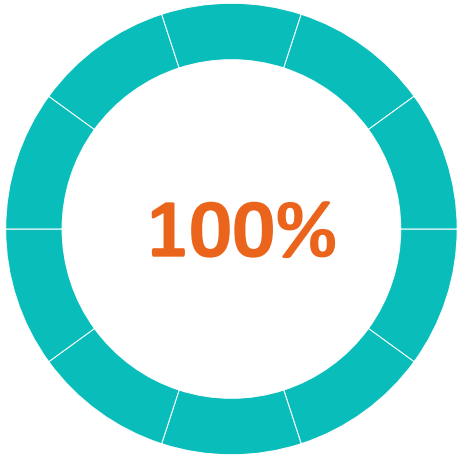
Viral Load Coverage

Viral load coverage has moved from 84% in 2019 to 97% in 2022



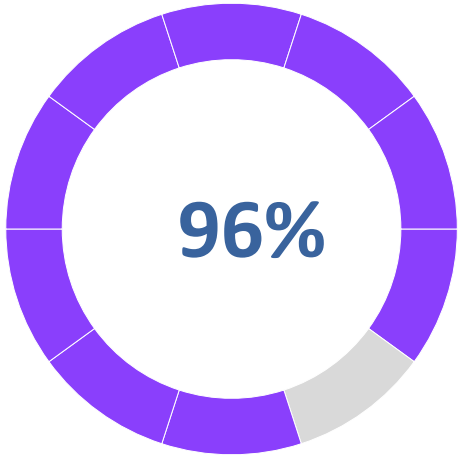
Viral load coverage

Viral load suppression has moved from 82% to 95% among the 3 facilities.



Intensive Adherence Counseling Completion

IAC completion has moved from 83% to 100% by 2022



ART optimization

ART optimization to DTG has improved to 96% due to availability of DTG 10mg.

Data source:
YAPS MIS
DATIM Data

Qualitative outcomes

"I did not quite accept my diagnosis of having HIV, was bitter with everyone and asking, why me? I ***could not take those medicines well****, they were even bitter and too big. I was* ***falling sick all the time*** *and knew I would die anytime. Thank God, all that changed when I was* ***linked up to fellow young people in TASO*** *who encouraged me to be positive and to take my drugs well and now* ***I am healthy and I believe I have a future to achieve****. Those young people* ***saved my life****". E J, 18 years, a beneficiary of YAPS peer-peer support.*

Shared in an Interview with TASO Staff after receiving his drug refill from the YAPS at his Uganda Martyrs Vocational Institute, June 2022.

Integration of services

A YAPS led group session, under supervision of facility supervisor

- Integrating care for HIV and other health needs, improves health seeking behavior

- Right from the planning stage to implementation and performance review, the AYPs should be part to realize program objectives

- Peer to peer mentorship among the AYPs is key for cross learning and better understanding of the model

The YAPS have been pivotal in mobilizing young people for COVID-19 vaccination

Next steps

AYP friendly activity to keep them engaged on a clinic day

- TASO will continue to implement the YAPS model to reap from its benefits so far realized.
- Working with other key stakeholders at national and regional levels, more districts will be engaged to scale up the model and reach all AYPs in care.

Conclusion

The YAPS model has led to significant improvement in the outcomes for adolescent and young people across the continuum of care

The model is scalable and this is now being adopted nationally in Uganda.

The model has empowered young people and adolescents to take charge of their lives and the lives and health of their peers.

Adolescent drama group welcoming Alan Patterson, US Deputy Assistant Secretary of Defence (DASD) for African Affairs and CDC Uganda Country Director Dr. Lisa Nelson to TASO Soroti

THANK YOU

This project has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) under the terms of Cooperative Agreement NU2GGH0020660

Getting person-centred care right:
Good practice models of integrating HIV and other health needs

Open Doors Home – temporary shelter programme & SEGT-based psycho-socioeconomic support for people living with HIV in the Philippines

Rodenie Olete, MSc, RN
Director of Programs & Research / Nurse Case Manager
Gabay sa Pulang Laso Inc., Philippines

AIDS 2022

AIDS 2022

Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

Gabay sa Pulang Laso Inc. (GPLI)

- **Filipino word which means "Guiding the Red Ribbon"**
- **Started in 2018, became SEC-registered in 2019**
- **Goal: Equity in provision of psychologic and other non-biomedical support programs which protect social determinants of health**
- **Four-pronged approach:**
  - Psychosocial support
  - Spiritual counselling
  - Stigma reduction
  - Advocacy

Gabay Core Framework

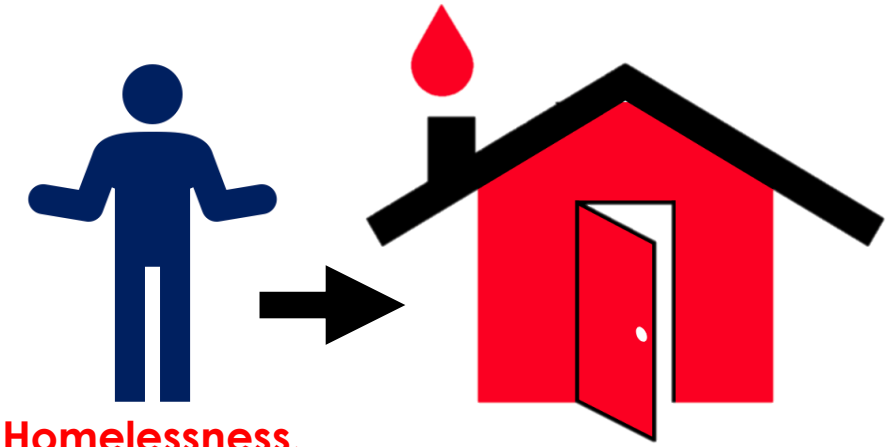
WHAT KEEPS US GOING

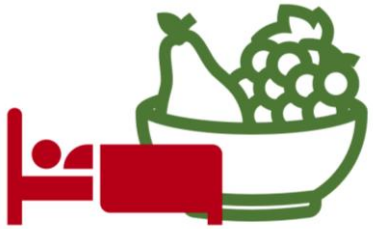
AIDS 2022

Person-Centered Care is focused on holistic well-being of our *housemates at Gabay sa Pulang Laso; housemates are empowered to take control of their mental wellness and physical health in attaining their ideal quality of life.**

***housemates** – People living with HIV who are cared for by Gabay sa Pulang Laso Inc.'s Open Doors Home Program*

ODH care model

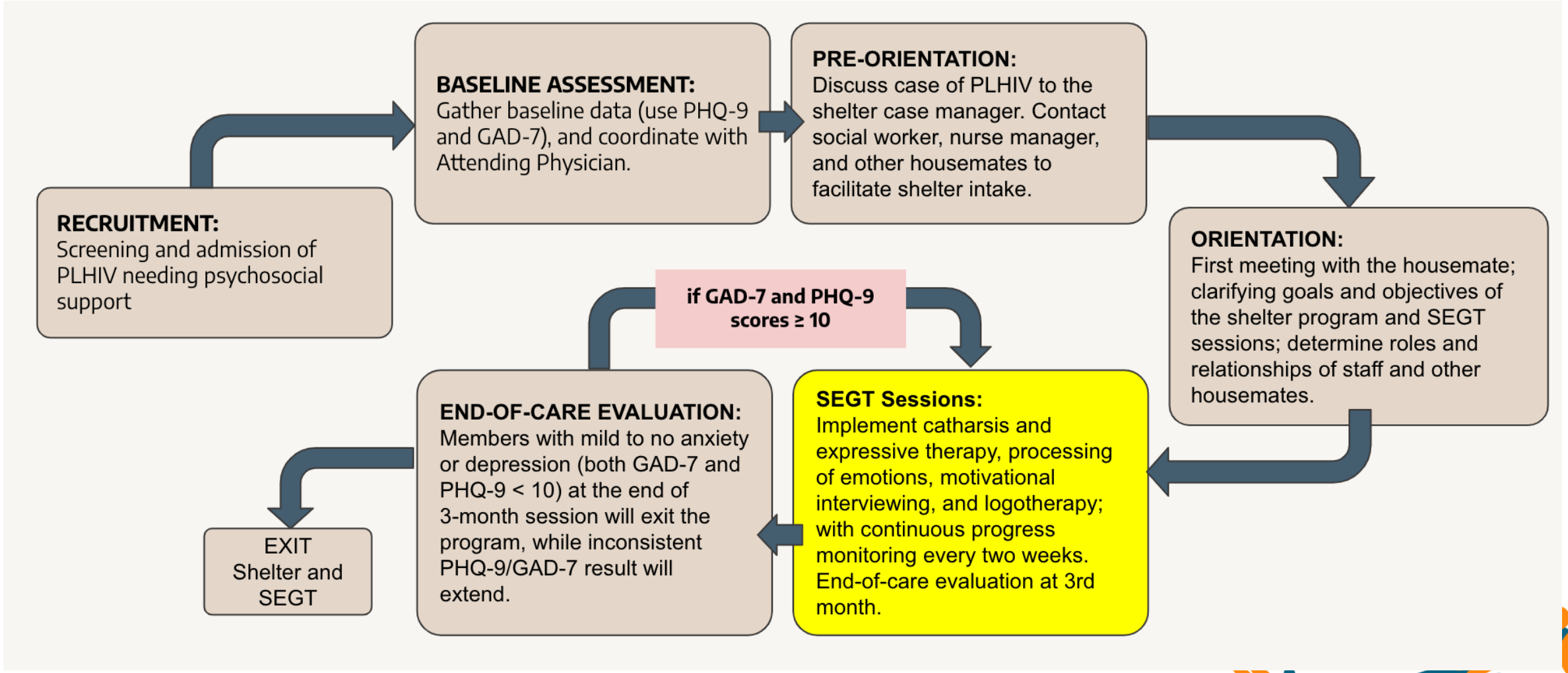




ODH programme components

1. **Physical and Mental Health Assessment**
   - Entry assessment, monitoring, exit evaluation of physical and mental health needs
2. **Nutrition and Basic Needs Provision**
   - Three to five meals per day
   - Toiletries and hygiene
   - Bed and shelter
3. **Supportive-Expressive Group Therapy (SEGT)**
   - One-hour per week group sessions over 12 weeks (3 months)
   - Journal writing, catharsis training, positive reframing
   - Monitoring and evaluation of GAD7, PHQ9, and WHOQOL-Bref
4. **Education, Profession, and Livelihood**
   - Professional career guidance
   - Formal education or livelihood training
5. **Other Biomedical Needs**
   - Referral to in-house physician or partner treatment hub
   - Adherence counseling and monitoring

ODH-SEGT Implementation Process



ODH-SEGT Module

No.	Module Title
Orientation: Setting of Goals and Expectations	
SEGT-A: Building Meaningful Relationship with Self	
1	Who I truly am: Self-awareness, self-compassion, and meaning of existence
2	Positive body image, self-perception, and acceptance of physical changes
3	Discussing and developing acceptable ways of self-expression
SEGT-B: Establishing Long-Lasting Relationships with Others	
4	Mutual understanding and support from each other in the group
5	Emotional and social support from the family
6	Establishing meaningful collaboration and relationship with health providers
SEGT-C: Preparing for Overwhelming Emotions	
7	Locus of Control: Acknowledging what can and cannot be controlled
8	Practicing emotional catharsis in dealing with overwhelming experience
9	Identifying, processing, and acknowledging trauma
10	Gray, Grief, and Grave: Introspective processing of the concept of death
SEGT-D: Developing optimistic outlook and quality of life	
11	Planning for the future and developing a life project
12	Defining personal standards and strategies in achieving a "high-quality life"
Saying Goodbye	

Quantitative Evaluation of ODH Care

Table 1. Profile of Housemates[a] in ODH Care (N=17)

Demographics	**mean**	**s.d.**
Age in years	31.7	14.4
Length of stay in days	117.6	138.8
Referred by	**n**	**%**
NGO / CBO	10	58.8
Direct Contact	5	29.4
Health Facility	2	11.8
Reason for Admission	**n**	**%**
Homelessness	10	58.8
Discrimination from family	4	23.5
Domestic Violence	3	17.7
Reason for Discharge	**n**	**%**
Full Independence[b]	9	52.9
Reunited with family	5	29.4
Shelter rule violation	2	11.8
Permanent shelter transfer	1	5.9

Note:
[a]Housemates' data included were only between July 2020 to September 2021
[b]Full Independence – housemate who found a job and can financially sustain himself for at least a year after exiting ODH

Quantitative Evaluation of ODH Care

Table 1. Profile of Housemates[a] in ODH Care (N=17)

Demographics	**mean**	**s.d.**
Age in years	31.7	14.4
Length of stay in days	117.6	138.8
Referred by	**n**	**%**
NGO / CBO	10	58.8
Direct Contact	5	29.4
Health Facility	2	11.8
Reason for Admission		
Homelessness		
Discrimination from family		
Domestic Violence		
Reason for Discharge		
Full Independence[b]		
Reunited with family		
Shelter rule violation		
Permanent shelter transfer		

Note:
[a]Housemates' data included were only betw
[b]Full Independence – housemate who found
himself for at least a year after exiting O

Key takeaway:

- More than 50% of housemates gained full independence after exiting OHD
- Average of stay in the ODH program was 118 days (3.9 months)
- More than half of the housemates were referred by NGO/CBO
- Homelessness was the main reason for more than half of shelter admissions

Quantitative Evaluation of ODH Care

Figure 1. Mean GAD-7 Comparison during admission and after discharge (N=17)

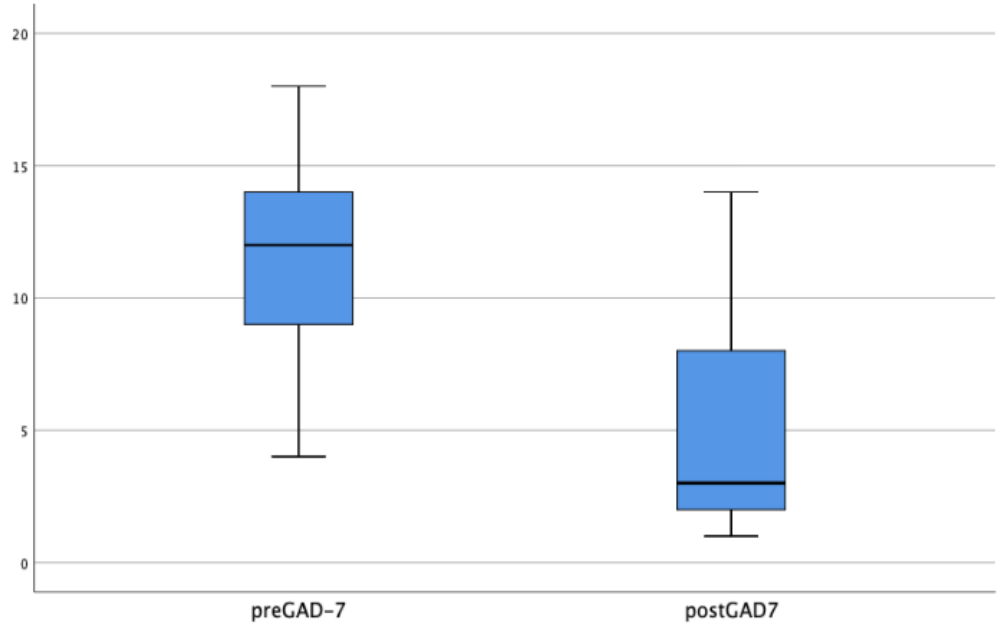
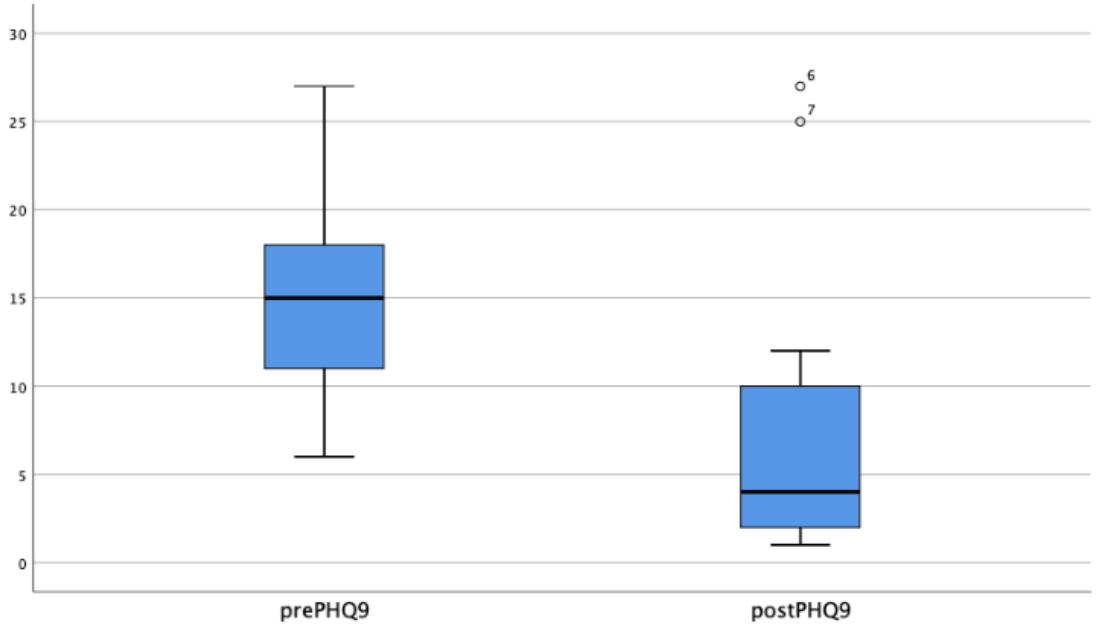


Figure 2. Mean PHQ-9 Comparison during admission and after discharge (N=17)



Quantitative Evaluation of ODH Care

Figure 1. Mean GAD-7 Comparison during admission and after discharge (N=17)

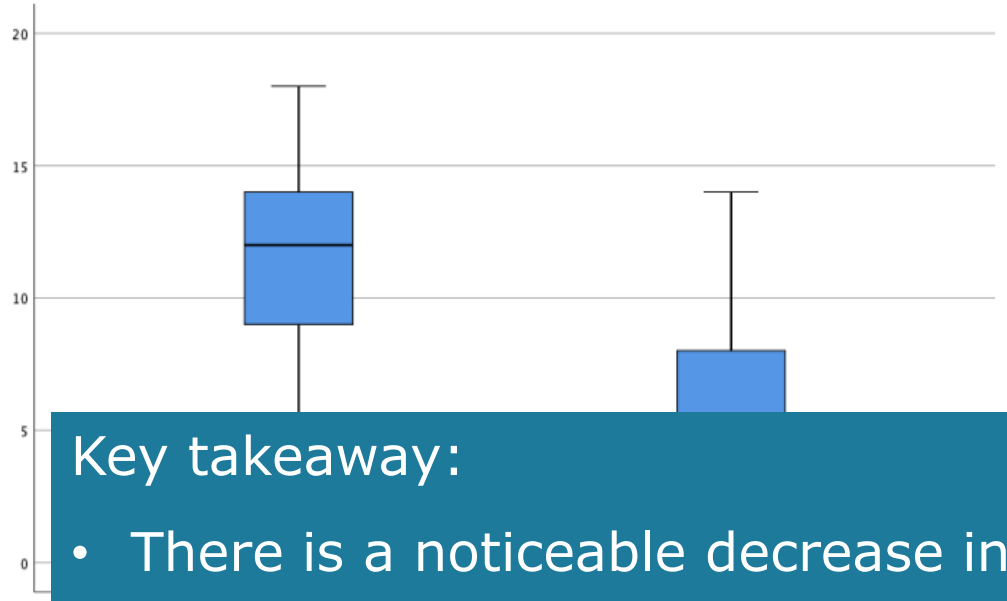
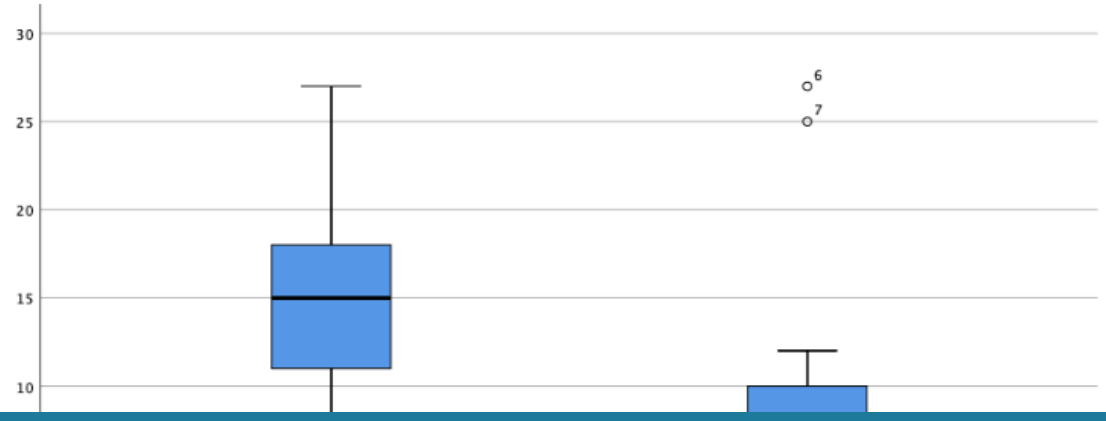


Figure 2. Mean PHQ-9 Comparison during admission and after discharge (N=17)



Key takeaway:

- There is a noticeable decrease in GAD-7 and PHQ-9 scores
- Likelihood for anxiety-related symptoms lessens among housemates in ODH
- Likelihood for depression-related symptoms lessens among housemates in ODH

Quantitative Evaluation of ODH Care

Table 2. Wilcoxon Signed-Rank test of difference in PHQ-9 and GAD-7 scores upon admission and discharge of housemates in ODH shelter care (n=17)

Assessment Tools	M	SD	negative rank (n)	positive rank (n)	ties (n)	p-value
PHQ-9 upon admission	15.41	5.799	12	1[a]	4[b]	0.002*
PHQ-9 upon discharge	7.76	7.774				
GAD-7 upon admission	11.65	3.840	13	0	4[b]	0.001*
GAD-7 upon discharge	5.65	4.756				

[a]*One housemate with increased PHQ-9 score (mild to moderate) was discharged for grave misconduct*
[b]*Four housemates had no change in PHQ-9 and GAD-7 scores were those who stayed ≤ 18 days*

Quantitative Evaluation of ODH Care

Table 2. Wilcoxon Signed-Rank test of difference in PHQ-9 and GAD-7 scores upon admission and discharge of housemates in ODH shelter care (n=17)

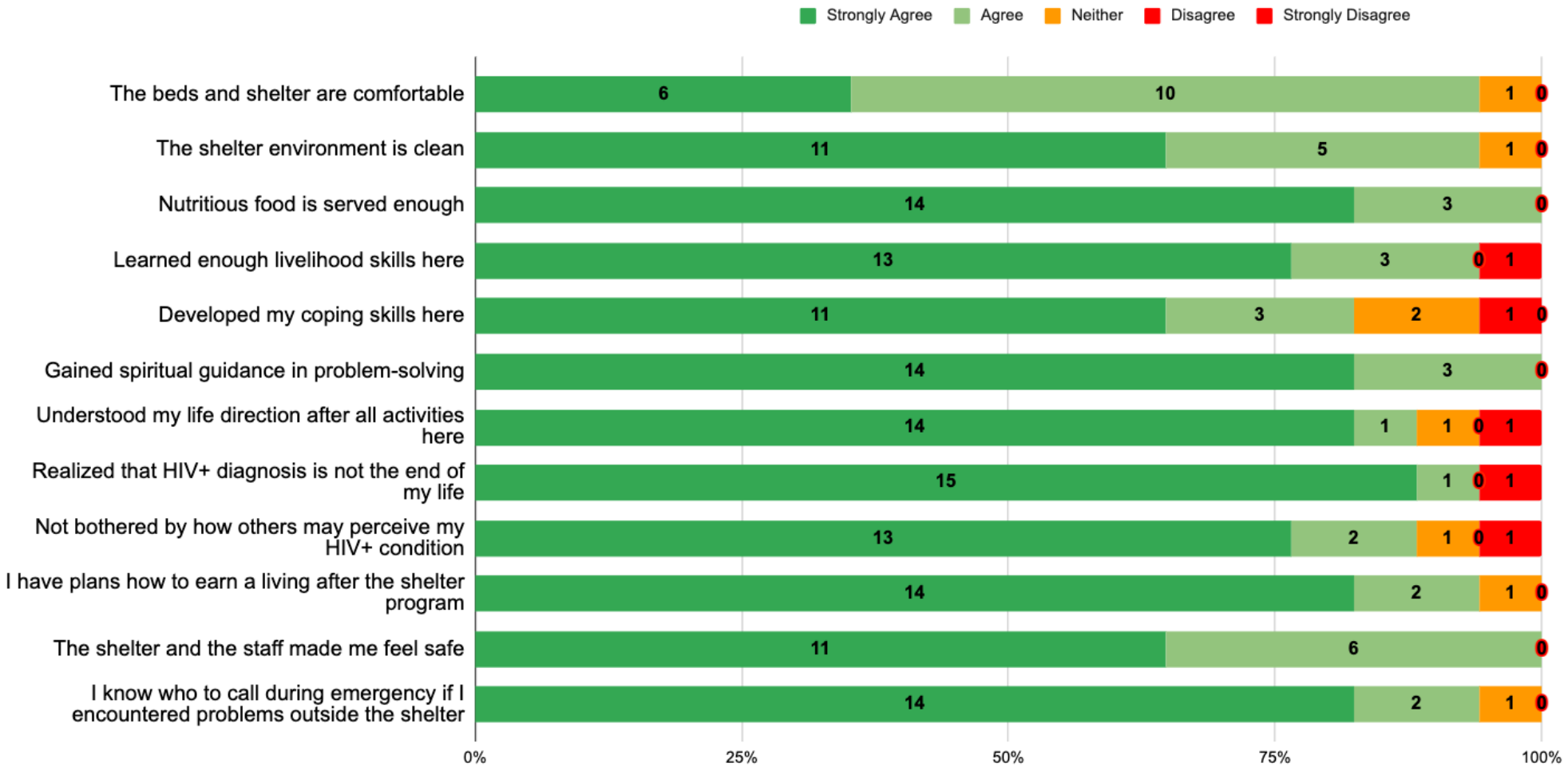
Assessment Tools	M	SD	negative rank (n)	positive rank (n)	ties (n)	p-value
PHQ-9 upon admission	15.41	5.799	12	1[a]	4[b]	0.002*
PHQ-9 upon discharge	7.76	7.774				

Key takeaway:

- There is a statistically significant differences in the PHQ-9 and GAD-7 scores during discharge from ODH compared to the baseline assessment
- Four housemates with no change in PHQ-9 and GAD-7 scores stayed fewer days in the ODH programme
- One housemate reported an increase in anxiety-related symptoms after being discharge prematurely because of grave misconduct (sexual assault)

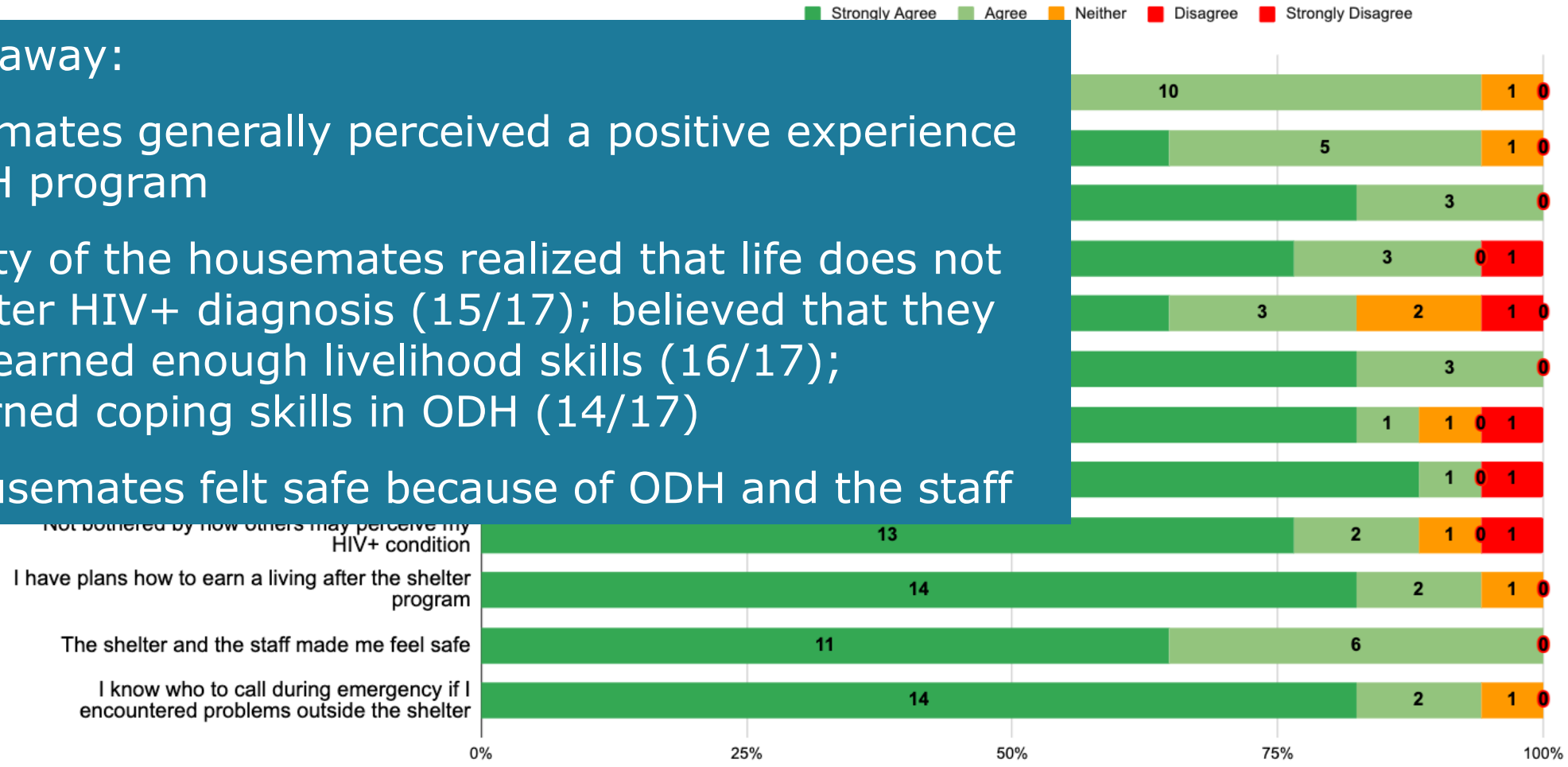
Quantitative Evaluation of ODH Care

Figure 3. Perception of Housemates towards ODH Program upon shelter exit (N=17)



Quantitative Evaluation of ODH Care

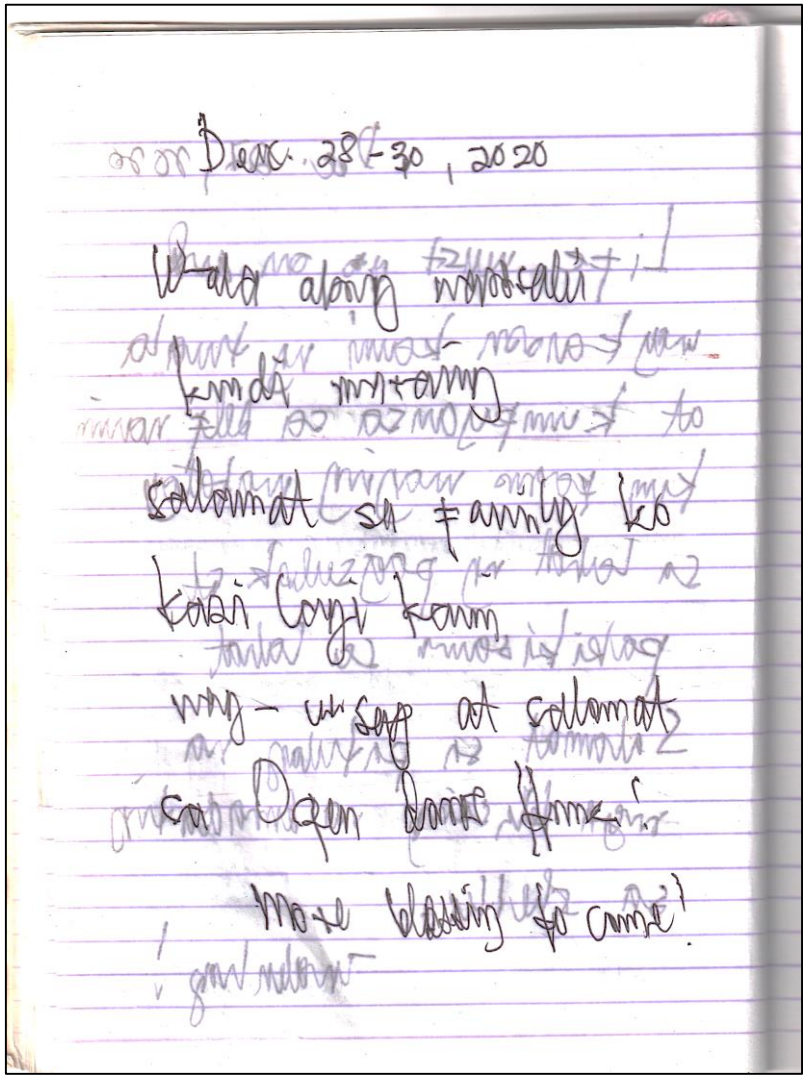
Figure 3. Perception of Housemates towards ODH Program upon shelter exit (N=17)



Key takeaway:

- Housemates generally perceived a positive experience of ODH program
- Majority of the housemates realized that life does not end after HIV+ diagnosis (15/17); believed that they have learned enough livelihood skills (16/17); p=learned coping skills in ODH (14/17)
- All housemates felt safe because of ODH and the staff

Message from our housemate upon exit



"Wala akong masabi kundi maraming salamat sa family ko kasi lagi kami nag-uusap, at salamat sa Open Doors Home! More blessings to come!"

~ Former Housemate RF

[I have nothing else to say but many thanks to my family because we talk more often now, and thanks to Open Doors Home! More blessings to come]

AIDS 2022

"Ang Gabay Sa Pulang Laso ang nagpaalala sa akin na mahalaga ang PAGPAPAHALAGA SA SARILI. Dito nagsisimula ang lahat bago makapagpatuloy muli sa buhay na dati ay akala ko wala ng halaga..."

- Former Housemate GM

[Gabay Sa Pulang Laso reminded me of the value of SELF WORTH. This is where everything starts before moving forward in life which I thought had no more meaning...]

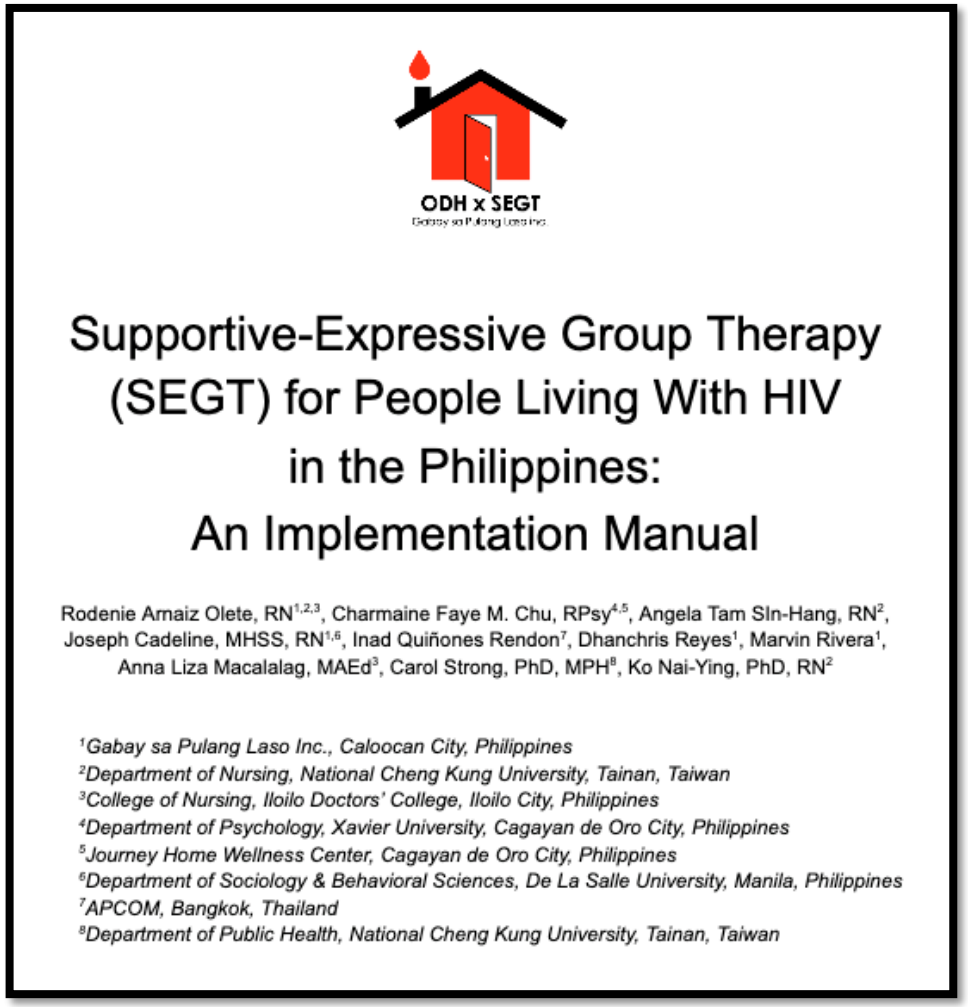
Person-centered care elements

- Identifying the needs of the housemate, by the housemates
- Concentrates more on other social determinants of health as potential barriers to quality of life after HIV diagnosis
- SEGT-based psychosocial support has the main goal of implementing a more evidence-informed, peer-led support system among people living with HIV
- Health providers only serve as facilitators

ODH can be integrated to already-existing HIV prevention and treatment cascade

- **Psycho-socioeconomic support should be integrated into local Service Delivery Networks**
- **HIV Care Providers extend to psychologists, social workers, and even people living with HIV themselves**
- **SEGT integration in the HIV management improves emotional faculty of people living with HIV**
- **ODH as complementary approach to ensuring ART adherence and prevent LTFU**

What's next for ODH?



ODH x SEGT

Supportive-Expressive Group Therapy (SEGT) for People Living With HIV in the Philippines: An Implementation Manual

Rodenie Arnaiz Olete, RN[1,2,3], Charmaine Faye M. Chu, RPsy[4,5], Angela Tam Sln-Hang, RN[2], Joseph Cadeline, MHSS, RN[1,6], Inad Quiñones Rendon[7], Dhanchris Reyes[1], Marvin Rivera[1], Anna Liza Macalalag, MAEd[3], Carol Strong, PhD, MPH[8], Ko Nai-Ying, PhD, RN[2]

[1]*Gabay sa Pulang Laso Inc., Caloocan City, Philippines*
[2]*Department of Nursing, National Cheng Kung University, Tainan, Taiwan*
[3]*College of Nursing, Iloilo Doctors' College, Iloilo City, Philippines*
[4]*Department of Psychology, Xavier University, Cagayan de Oro City, Philippines*
[5]*Journey Home Wellness Center, Cagayan de Oro City, Philippines*
[6]*Department of Sociology & Behavioral Sciences, De La Salle University, Manila, Philippines*
[7]*APCOM, Bangkok, Thailand*
[8]*Department of Public Health, National Cheng Kung University, Tainan, Taiwan*

- ✓ **A comprehensive implementation manual being developed**
- ✓ **Proposed to a national agency for funding of ODH-SEGT operational/ implementation study**
- ✓ **Lobby ODH-SEGT to the city social welfare department for scale-up**

Conclusion

- **Open Doors Home (ODH) is currently the only SEGT-based temporary shelter program in the Philippines. ODH is centered on psycho-socioeconomic interventions which are complementary to the already-existing biomedical management of HIV in the country.**

- **ODH addresses other social determinants of health, according to the perceived needs of the person living with HIV, to attain high quality of life as they deem ideal.**

AIDS 2022

Thank you.

Daisy Kwala, Bar Hostess Empowerment and Support Programme, Kenya

Getting person-centred care right: Good practice models of integrating HIV and other health needs

Person-centred care model for sex workers who use drugs in Kenya

AIDS 2022

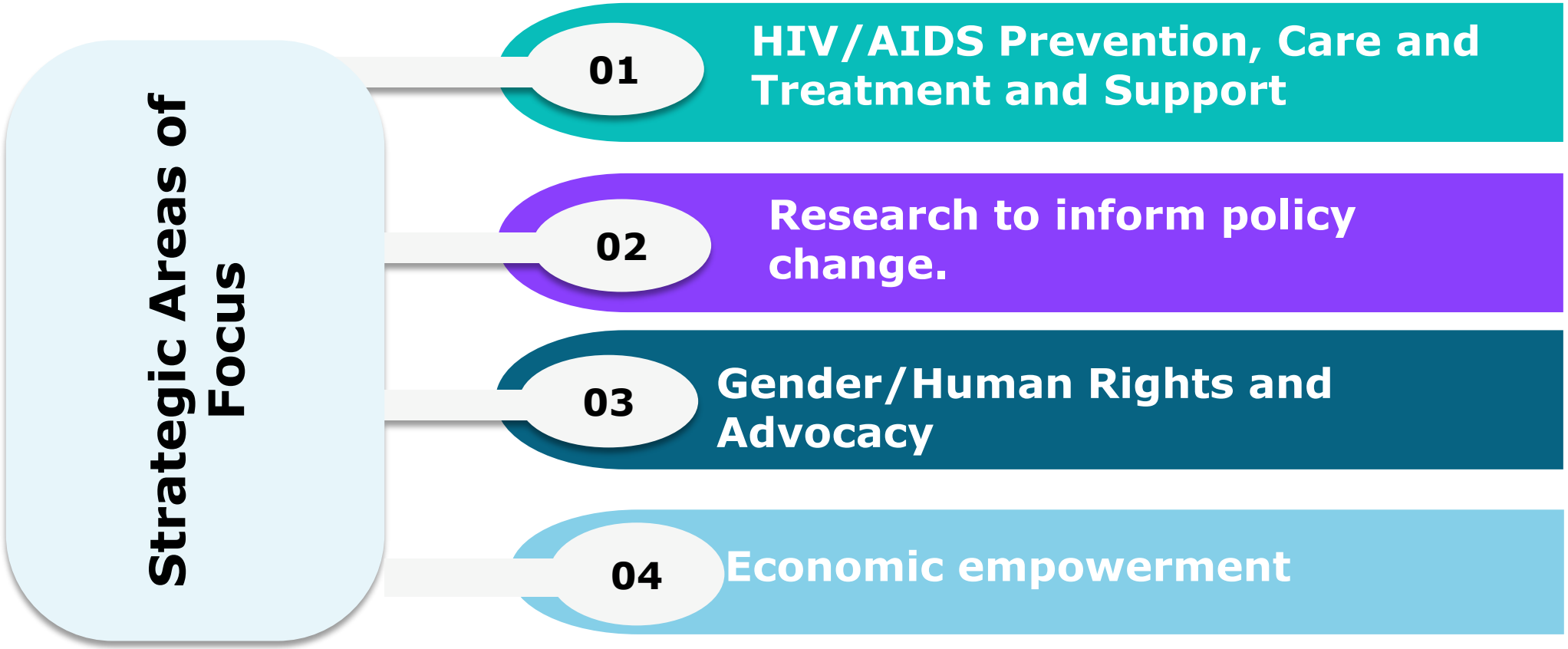
Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

Organization: Bar Hostess Empowerment and Support Programme

- Registered NGO in Kenya
- Mission: To influence policy and facilitate access to quality health services, human rights awareness, legal services and economic empowerment for bar hostesses, female sex workers, women who use drugs and vulnerable young women in Kenya.
- BHESP has over 15 years experience in implementing HIV prevention, care and treatment programs, gender-based violence/human rights violation monitoring and response for female sex workers and young women in informal settlements of Nairobi, Kenya.

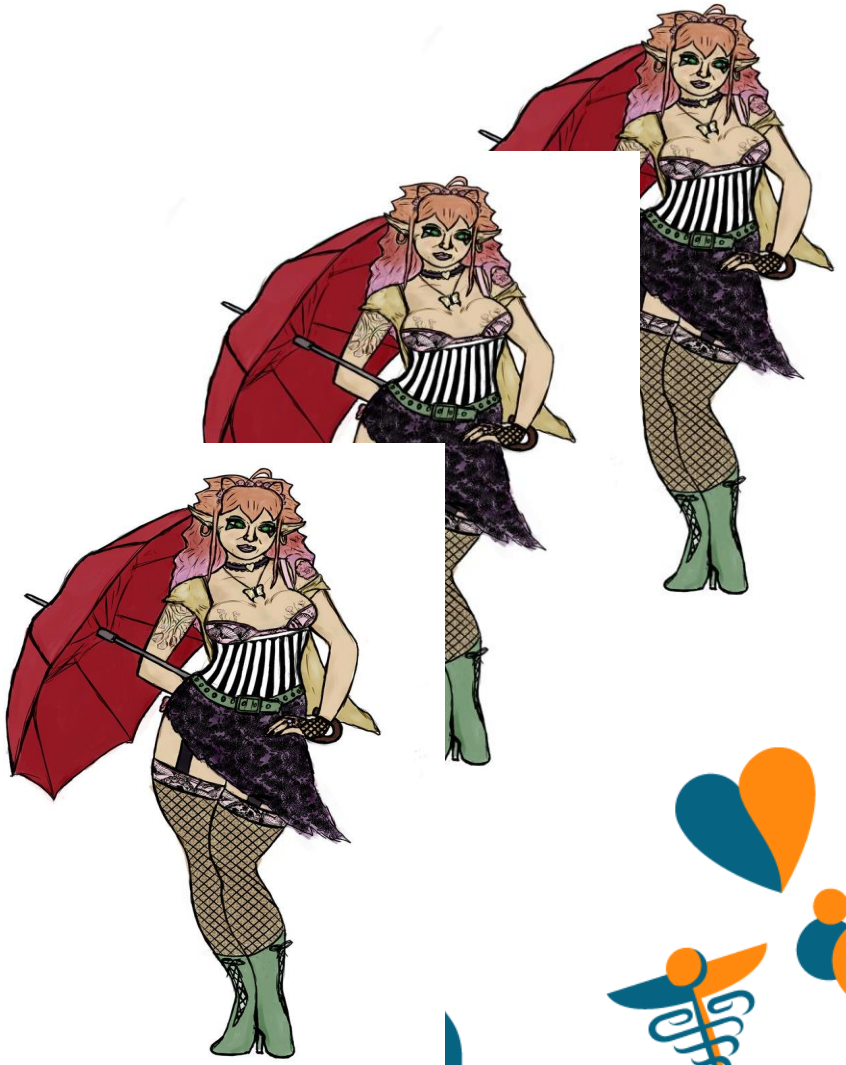
Current practice areas



Populations served by BHESP

#Forsexworkers
Bysexworkers

- Female sex workers
- Women having sex with other women
- Women using drugs
- Bar hostesses
- Adolescent girls and young people
- Minority Women



AIDS 2022

Person-centred care (PCC) is improving overall health care outcomes of individuals by putting them and their needs at the center while ensuring their dignity and Human rights is upheld.

In our context, PCC focuses on the specific needs of sex workers in their diversities and the ability to empower them on taking individual responsibility of their own health by being treated with dignity and respect and being involved on decisions regarding their health and bodily autonomy while receiving healthcare services.

Person-centred care model: overview

- Due to the adverse effects of Covid-19 on the mental health and psychosocial state of sex workers that was negatively affecting their treatment outcomes, it was alarming to also learn that many sex workers resolved to the use of drugs to keep them “sane” as some would describe it.
- Integrating this population to the existing structures was a huge challenge due to the package of care that was available. As a result of a client-led support group, the challenges presented saw the need to tailor make personalized patient centered approach for sex workers who use drugs.
- In February 2021, onsite sensitizations on a rolling basis was done at the 4 BHESP drop in centers to centers harm reduction interventions within the normal service delivery criteria. Ever since, the community has been engaged in implementation and tailor-making the intervention to ensure no one is left behind

Building blocks of our model

- Peer operated Services (P.O.S)- Use of peer supporters assist fellow peers seek access to legal representation, health, welfare, and social services. The P.O.S work with dedicated peer needle exchange programme, alcohol and drug services, sexual health, and community AIDS organizations and organizes monthly dissemination forms at the drop-in centers specifically for sex workers who use drugs.

- Clinic Specific Days for sex workers use drugs- Specific for sex workers who use drugs with specific and tailor made interventions on harm reduction, HIV prevention, care, treatment and support

- Theme days every Wednesday to advocate for Gender Responsive Harm Reduction Services- Knowledge management and awareness creation.

BUILDING BLOCKS: BHESP's person-centred care model

	Peer Operated Services	Clinical Specific Days	Theme Days
WHEN	Every day	Once every week	Monthly
WHERE	Community, Virtual Spaces	Drop In Centre, Community	Drop In Centre, virtually and in the community
WHO	Peer Educators, Social Worker, Field Officer, Adherence Counsellor	Clients, Health Care workers, Allies	Legal Aid, CSOs, Partner organizations
WHAT	legal representation, health, welfare, and social services, referral and linkage, needles and syringes	HIV testing and counselling, ART, harm reduction services, HIV prevention and support, psychosocial support	advocate for gender-responsive harm reduction services, SRHR, harm reduction, NSP

Quantitative outcomes

	Ages 20-24	Ages 25-29	Ages 30-34	Ages 35+	Total # Of Clients in Person Centered Care	Total # of clients tested	Total # of clients positive	Total # of clients linked to care	Total # of clients virally suppressed
Peer Operated Services	357	191	79	51	678	678	21	19	16
Clinical Specific Days	41	62	47	32	182	182	4	4	4
Theme Days	89	102	63	51	305	305	11	11	4

*all female clients

Qualitative outcomes/feedback from clients and providers

BHESP’s good practice model has worked towards educating and sensitizing harm reduction service providers and other civil society organizations on the personalized and the specific needs of sex workers who use drugs which has resulted in improved health outcomes of the sex workers drug users with good adherence to ART and improved viral suppression amongst the those living with HIV.

Quotes from clients

"Sometimes a client can encourage you to use more drugs but I fear overdose because of the side effects that are usually mentioned during theme day"
Linda (not her real name) one of the clients attending BHESP clinic

"Sometime you can meet a clients who use a certain drug for example cocaine but you don't use…he insists you have to use …and since you want money you have to"
Cecilia, during a hotspot peer session

"Me relapsing had nothing to-do with you as my appointment manager, you are doing great work in my follow ups, its just peer pressure at the injecting den"
Mercy during differentiated service delivery

"The meaningful participation of sex workers and people who use drugs in policy, programmatic discussions, and dialogue is imperative"
Jackson a Lawyer during one of the legal aids clinics

AIDS 2022

‘Nothing for us without us’

Person-centred care elements

- Person-centred care model intends to address the complex health needs of sex workers using drugs by having them at the center of implementation and involving the community to advocate for the sex workers using drugs rights as human rights
- Through the personalized approach BHESP has managed to individualize clients management which provides an opportunity to deal with specific issues that are client centered thus improved service uptake amongst sex workers using drugs, in both approaches all clients needs are met both HIV related, legal representation, economic empowerment and psychosocial issues
- Human Rights lens in programming for Key Population
- Guiding principles of community action
- Taking a holistic approach to assessing people's needs and providing care

Integration of services

- Integration of services has helped improve health outcomes of the sex workers drug users, clients are offered psychosocial support amidst other HIV prevention and care services thus the holistic support which improves health outcomes of the sex workers drug users
- In both drop in center and service delivery in the community we have harm reduction services, mental health screening and support integrated with HIV prevention and care services.
- Person-centred has also been integrated in outreaches and in-reaches to offer comprehensive package of care that includes ;TB, STI, mental health, overdose management, Hepatitis B & C, Alcohol and drug abuse, Cervical cancer, Prep, Violence, Family planning, Risk assessment and reduction, HIV testing prevention and care
- Legal aid clinics and are integrated with theme days
- We are able to do NSP during our differentiated service delivery program

Next steps

- Engagement of the community through participatory approach as BHESP pilots for the person-centred care a result based approach that will help in exploring the challenges and barriers that hinders sex workers drug users from accessing care.
- BHESP will work to map all the sex workers drug users hotspots within Nairobi, especially in the slum areas and work with grassroots organizations and community to deliver person-centred care services that are clients-centred to improve their health outcomes.

Conclusion

- BHESP recommends the person-centred care model to all service delivery points and to all key population subgroups as it individualizes client management and results in better patient management outcomes.
- Through implementation of PCC Models ,BHESP has been able to deliver individualized services to clients in need of services. BHESP has prioritized a Person centered care approach to reach the hard to reach yet highly vulnerable sex workers.
- With this documentation of PCC models, BHESP will use this (Best practices and lesson learnt) as an evidence based approach tends to advocate for recognition of this models as strategies towards global goal of reducing new HIV infections and AIDS-related deaths by 90% between 2010 and 2030.