



Chapter 27

Care and Support

1. Introduction

As previously discussed, this chapter is meant to serve as a bookmark.

2. Why is care and support important?

HIV/AIDS care is vital in order to:

- **Reduce Distress and Improve Health, Productivity and Longevity.** HIV/AIDS care reduces distress and promotes dignity and improves health, productivity and longevity.
- **Decongest Formal Health Services.** An effective continuum of care helps to decongest formal health services already challenged by other demands, while providing effective home and community based care.
- **Address Community Priorities:** Families and communities see care as an urgent priority, which HIV/AIDS programs must address.
- **Reinforce Prevention:** HIV/AIDS care provides important opportunities to strengthen prevention.

3. What is HIV/AIDS Care?

Levels of Care

HIV/AIDS care spans an increasingly wide and complex range of options. It is helpful to describe the different levels of HIV/AIDS care and to define their key elements, complexity, and costs. Greater understanding of each of the levels assists in ensuring that each level of HIV/AIDS care is appropriately dealt with.

In support of expanding access to the full range of treatment, care, and support services, within the context of local health care systems and national HIV/AIDS strategic plans, WHO and UNAIDS have developed a model to assist in the prioritization of interventions. WHO and UNAIDS suggest three major levels of care. Each level is progressively more complicated and expensive, as indicated in the table below. This table illustrates three broad levels of HIV/AIDS activities classified on the basis of their complexity and cost. Ideally, all components should be provided within health systems, but limited resources require that countries make difficult choices regarding the content and scale of components included in national plans. As more resources become available, HIV/AIDS care, and support interventions can and should be expanded to increase coverage and, where appropriate, additional elements of care should be considered.

Table 27.1

Levels of treatment, care, and support interventions according to need, complexity, and cost	
Essential activities	<ul style="list-style-type: none"> • HIV voluntary counseling and testing • Palliative care and treatment for common opportunistic infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS) • Nutritional care • STIs care and family planning services • Cotrimoxazole prophylaxis among PLWHA • Community activities that mitigate the impact of HIV infection (including legal structures against stigma)
Intermediate complexity and cost	<p>ALL THE ABOVE PLUS</p> <ul style="list-style-type: none"> • Screening for TB among PLWHA and at VCT sites • Preventive therapy for TB among PLWHA • Systemic antifungals for systemic mycosis (such as cryptococcosis) • Treatment of HIV-associated malignancies: Kaposi's sarcoma, lymphoma and cervical cancer • Treatment of extensive herpes • Prevention of mother to child transmission of HIV • Post exposure prophylaxis of occupational exposure to HIV and for rape
High complexity and cost	<p>ALL THE ABOVE PLUS</p> <ul style="list-style-type: none"> • Triple Anti-Retroviral Therapy • Diagnosis and treatment of opportunistic infections that are difficult to diagnose and expensive to treat such as multi-resistant TB, toxoplasmosis, etc. • Advanced treatment of HIV related malignancies • Specific public services that reduce the economic and social impacts of HIV infection

Note: HIV testing of blood supplies, the promotion of universal precautions, and health policy activities, such as the regulation of care delivery and drug supplies, should be undertaken at all levels and consequently are also essential health sector activities. [Source: WHO/UNAIDS (2000). Key elements in HIV/AIDS care and support].

4. Lessons learned and recommendations

- Building each level of care. Few PLWAs in Africa yet have access to primary palliative care, let alone HAART. It is vital to focus on strengthening each level of care progressively, beginning with universal access to palliative care.
- Strengthening TB Care. There is great scope to improve coordination between palliative care and TB programs and, to assist palliative care programs to manage TB more effectively.

- Balancing prevention and care. Increasing access to HIV/AIDS care must be balanced by a commitment to strengthen HIV prevention.
- The needs of PLWHA and their households extend far beyond access to drugs and health care -- support for social, psychological, and economic consequences is also critical
- The provision of effective treatment, care and support services strengthens overall prevention efforts
- Strong health systems form the basis for comprehensive treatment, care and support programs
- The content and scale of national programs vary with respect to the complexity and cost of components
- Simpler treatment regimens and reductions in drug costs mean that earlier assumptions regarding the feasibility of providing more advanced treatment protocols (such as ART) be re-examined on a country-by-country basis
- Communities and community-based organizations, and PLWHA associations in particular, play a central role in the design, service delivery, and evaluation of effective programs. The role played by traditional healers in communities is important to consider.

5. HIV/AIDS Care bookmark questions

Palliative Care

- What conditions does palliative care address?
- What are the major elements of palliative care?
- What examples of good practice are there in palliative care?
- What resources materials exist for palliative care?
- What organizations in different countries offer training in palliative care?
- What are the major costs and sources of support for palliative care?
- What are the major lessons of experience in palliative care?

Tuberculosis

- What health system prerequisites are needed before DOTS can be introduced?
- What are the major DOTS drug combinations, what do they cost and how effective are they?
- What examples of good practice are there in DOTS?
- What resource materials exist DOTS?
- What organizations in different countries offer training in DOTS, particularly as it is implemented in developing countries?
- What are the major costs and sources of support for DOTS, including pharmaceutical companies?
- What are the major lessons of experience in DOTS?
- What approaches and lessons may help to ensure expansions of DOTS services?

Opportunistic Infection Management

- What are the major opportunistic infections associated with HIV/AIDS?
- What treatments are recommended for the major opportunistic infections, what do they cost and how effective are they?
- What examples of good practice are there in opportunistic infection management, particularly TB management?
- What examples exist of effective integration of HIV/AIDS care and TB programs?

- What resource materials exist for opportunistic infection management, particularly TB management?
- What organizations in different countries offer training in opportunistic infection management?
- What are the major costs and sources of support for palliative care?
- What are the major lessons of experience in opportunistic infection management, particularly TB management?

Prophylaxis/Preventive Therapy

- What are the major conditions that may be addressed by prophylaxis and preventive therapy?
- What are the major prophylactic and preventive strategies, what do they cost and how effective are they?
- What examples of good practice are there in each area of prophylactic and preventive therapy?
- What resource materials exist for prophylaxis and preventive therapy?
- What organizations in different countries offer training in prophylaxis and preventive therapy?
- What are the major costs and sources of support for prophylaxis and preventive therapy?
- What are the major lessons of experience in prophylaxis and preventive therapy?

ART

- What health system prerequisites are needed before ART is introduced?
- What are the major ART drug combinations, what do they cost and how effective are they?
- What examples of good practice are there in ART?
- What resource materials exist for ART?
- What organizations in different countries offer training in ART, particularly as it is implemented in developing countries?
- What are the major costs and sources of support for ART, including pharmaceutical companies?
- What are the major lessons of experience in ART?
- What approaches and lessons may help to ensure equitable introduction of ART?

