

Patients embrace new strategy to end HIV/AIDS

KAMPALA

By Elvis Basudde

People living with HIV, together with civil society Organisations (CSOs), have hailed the new strategy to end HIV/AIDS by 2020, saying if rolled out, it will go a long way in maintaining quality, care and treatment for all.

At a press conference held at City View Guesthouse, Kamwokya, a Kampala suburb, on Wednesday, people living with HIV believe that the new strategy dubbed, "Differentiated Services Delivery Models (DSDM)," whose roll-out is expected to begin in September, is a timely intervention.

Differentiated care or differentiated service delivery has been defined as "a client-centred approach that simplifies and adapts HIV services across the cascade in ways that serve the needs of patients better".

The differentiated service delivery model will address some of the critical issues that are affecting the country's health facilities, for example, the overflowing of the health facilities with clients, coupled with insufficient personnel.

Lillian Mworeko, the executive director for International Community of Women Living with HIV Eastern Africa (ICWEA), said CSOs and service beneficiaries are embracing the strategy, whose goal is to improve the quality, accessibility

Uganda has embraced new strategies for ending HIV/AIDS by 2020

and availability of health and social services at national and sub-national level by fostering citizens' demands and enhancing the capacity of community-based organisations to advocate for improved responsiveness and accountability by decision makers and service providers.

Lately, Uganda has embraced new strategies for ending HIV/AIDS by 2020. The Uganda National Consolidated HIV Prevention, Care and Treatment Guidelines 2016, recommend 'Test and Treat' for all people living with HIV, regardless of clinical stage or CD4 as a critical strategy to enable Uganda to achieve the UNAIDS 90-90-90 goals.

In the same guidelines, Uganda has also adopted differentiated services delivery models for HIV testing services and care and treatment. Under differentiated services delivery, the health systems shift away from "one-size-fits-all" to focus on clients' needs and priorities. Uganda has developed guidelines and has a roll-out plan for implementation of Differentiated Services

Delivery Models for HIV Testing Services and care and treatment.

This policy shift, according to Mworeko, will affect the different stakeholders, including service recipients in different ways such as implementation requires categorization of clients as either "stable or unstable".

ICWEA, supported by USAID/PATH, Advocacy for Better Health Project, organised a national level stakeholders' meeting to discuss the implications of the model, critique the proposed implementation approaches, as well as propose suggestions for better implementation.

The meeting brought together representatives of constituencies and key special groups that are likely to be highly impacted by the changes in the service delivery models. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), which technically supports the Ministry of Health to rollout the DSDM, was also represented.

According to Jude Thaddeus Bigirwenkya, advocacy and community empowerment officer, USAID/PATH-Advocacy for Better Health, the differentiated services delivery models aims at creating modifications in client flow, schedules and location to make it easier for unstable patients in need of extra attention.

Bigirwenkya says that the community-based treatment model targets stable clients included in the community client-led ART delivery model or the community drug distribution (CDD).