USAID TUJENGE JAMII

Aging Population HIV Care Needs Assessment

FY 24 (Oct 2023 - Jan 2024)









By: Stephen Ajuoga- Community Services



Differentiated Service Delivery (DSD) for People Living with HIV/AIDS (PLHIV)

DSD Webinar Series July 9, 2024

DIFFERENTIATED SERVICE DELIVERY(DSD)

WEBINAR SERIES

Presented by Adult Clinical Branch & Pediatric Maternal Branch







Community pick-up point



ART Home Delivery Services



USAID HQ DSD Webinar Series:

To facilitate learning and exchange of best practices in scaling up DSD models





Agenda

Welcome

Jessica Ejike, USAID/Washington

Framing Remarks

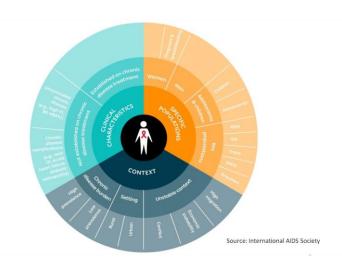
Deborah Goldstein, USAID/Washington

Presentations Aging Population HIV Care Needs Assessment

An assessment of aging PLHIV DSD and health ne in Acholi, Uganda

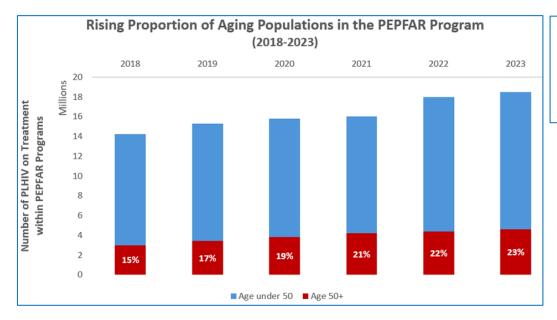
DiscussionDina Patel, USAID/Washington

Closing Remarks



Differentiated Service Delivery for Older People Living with HIV

Dr. Deborah Goldstein, Medical Officer
Office of HIV/AIDS
USAID



-PEPFAR's population is aging: of 19 million beneficiaries, 23% are ≥ 50 yrs old

- -Few screening tools, few validated treatments/ interventions for older PLHIV
- -Need for global/national guidelines, medical protocols, trained providers, dedicated funding for holistic care for older PLHIV

Person Centered-care for Older PLHIV (≥ 50 yrs old)

- -Older PLHIV have different health needs than younger populations
- -They are disproportionately impacted by:

Multimorbidity: ≥2 chronic medical conditions

NCDs: hypertension, diabetes, kidney disease, cancer

Frailty: weakness, exhaustion, †risk of fall/fracture/death

Polypharmacy: taking multiple medications

Cognitive impairment Depression

THE LANCET HIV

Person-centred care for older adults living with HIV in sub-Saharan Africa

Deborah Goldstein, Jepchirchir Kiplagat, Charlotte Taderera, Erin R Whitehouse, Cleophas Chimbetete, Sylvester Kimaiyo, Sarah Urasa, Stella-Maria Paddick, Catherine Godfrey

- -DSD models should take into account unique health needs of <u>older women with</u> <u>HIV.</u>
- -Women living with HIV aged 50 years and older represent the largest group of individuals supported by PEPFAR with 1.4 times as many women ≥50yo than men (2,744,326 women vs 1,998,201).
- -Older women with HIV are disproportionately impacted by aging comorbidities and have higher risk of frailty, depression, cognitive impairment, and NCDs than older men with HIV.
- -Globally, older women are more vulnerable to poverty than older men.
- -Older women with HIV are more likely to have caregiving responsibilities than men.

 Goldstein et al, Lancet HIV, July 2024

Older PLHIV need person-centered models for DSD

"It is time for HIV programming to include specific DSD for HIV treatment models to address the needs of an ageing HIV cohort."

- -South Africa, Eswatini: integrated, decentralised drug distribution with coordinated MMD for ART and NCD meds for all PLHIV
- -Uganda: home ART delivery for older people; relatives may retrieve ART from community distribution points for older family members
- -Nigeria: home ART delivery and prepared pill boxes for older, disabled PLHIV
- -No published data on client outcomes, client satisfaction, or costeffectiveness of emerging models
- -<u>Consider:</u> integration of HIV and comorbidity care (in the clinic, lab, and pharmacy); remote clinical monitoring/telehealth; removal of fees for NCD medications....

Godfrey C et al. Providing DSD for the ageing population of PLHIV, JIAS, 2022



Kenya



Stephen Omondi Ajuoga is a distinguished behavioral scientist with over 18 years of extensive experience in HIV programming, prevention, and treatment. Renowned for his contributions to the field, Ajuoga has been instrumental in shaping innovative strategies and interventions that have significantly advanced HIV care in Kenya and beyond.

Currently, Stephen works for USAID Tujenge Jamii Project as a Performance Improvement Specialist - Community Services Delivery Advisor. He has played a pivotal role in numerous groundbreaking projects under the support of PEPFAR and USAID funding, with a particular focus on Differentiated Service Delivery (DSD) models for care. These models have been critical in improving the quality of life for people living with HIV by tailoring services to meet diverse needs, reducing the burden on healthcare systems, and enhancing treatment outcomes.

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Why the Assessment



TX_CURR of the program, 60,208



Targeted clients 50+ on ART- 18,426





N=6,245 from 66 health facilities (contributing 34%)



Why was the DSD Model Assessment Done .?

- 31% of the TX-CURR is Ageing Pop
- Most of the Ageing Pop has an NCD related Condition

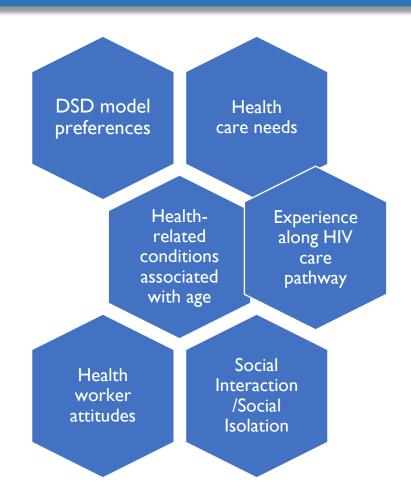
How was the assessment conducted.

- Developed a questionnaire with 6 thematic areas
- We developed a soft copy [ODK-Tool]
- The questionnaire was administered by the help of the Expert clients in the selected clinics

What were the results.

 Analysis was conducted in all the 6 thematic areas as per the presentation

The 6 Thematic Areas for Assessment





Demographics

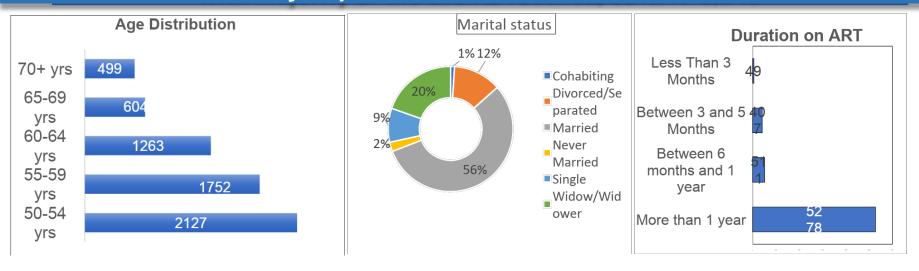


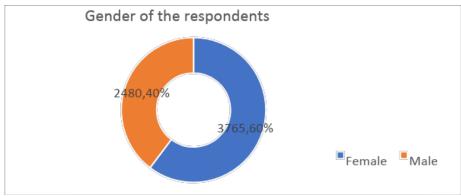


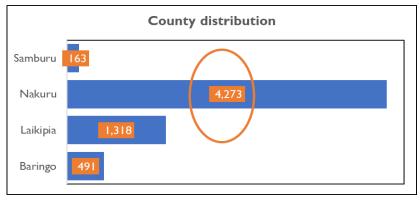




Clients surveyed aged **50+** (34%), **Female (60%), Married (56%),** and **Nakuru county** with Majority of the clients reached, **69%.** N=6,245







DSD Model Preferences

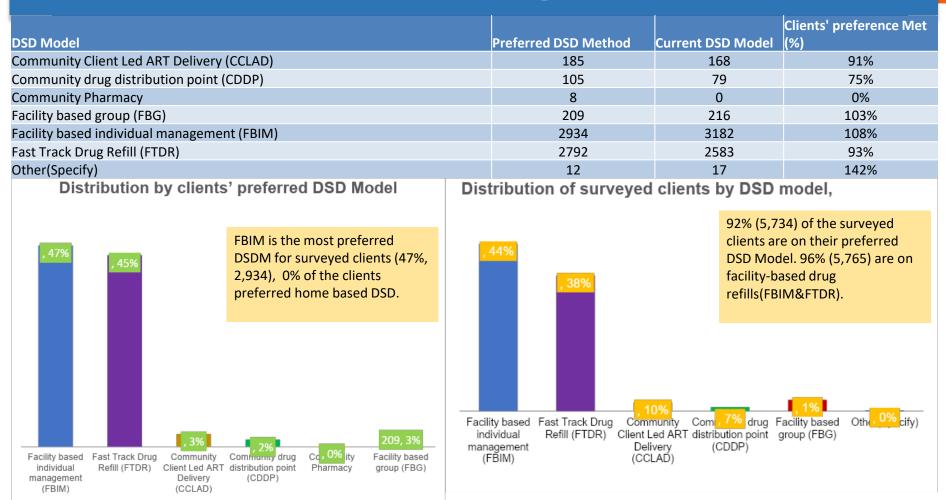








Distribution of clients by DSD Models for Against their Preference N=6,245



Health Care Needs

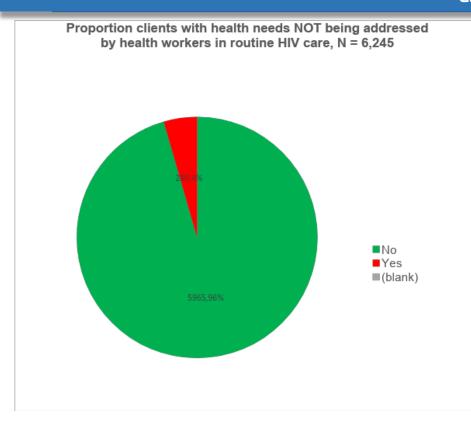




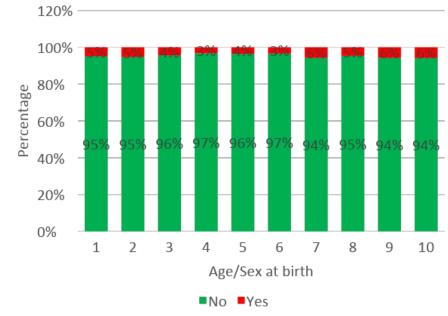




4% (280) of clients have health needs NOT being addressed by health workers in routine HIV care



Distribution of clients with health needs not being addressed by health workers in routine HIV care, N=6,245





Health-related conditions associated with age

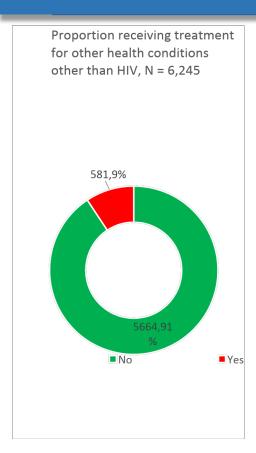


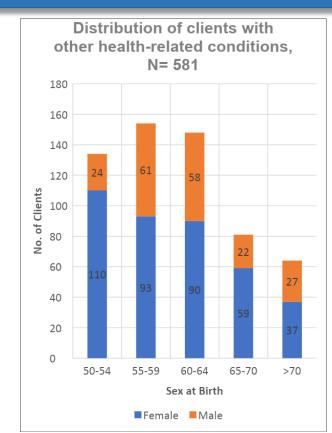


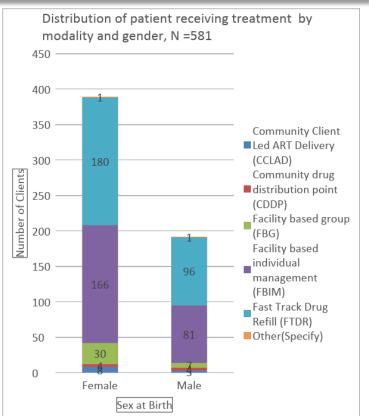




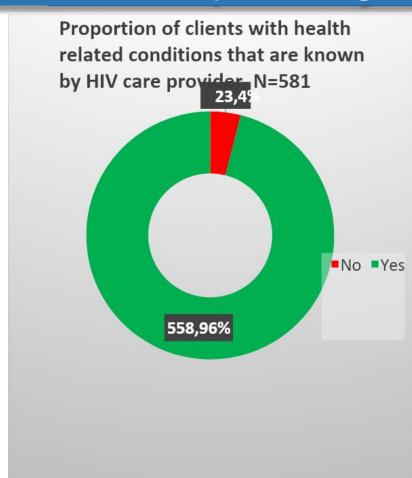
9% (581) of clients have other health-related conditions associated with age. 71% were female

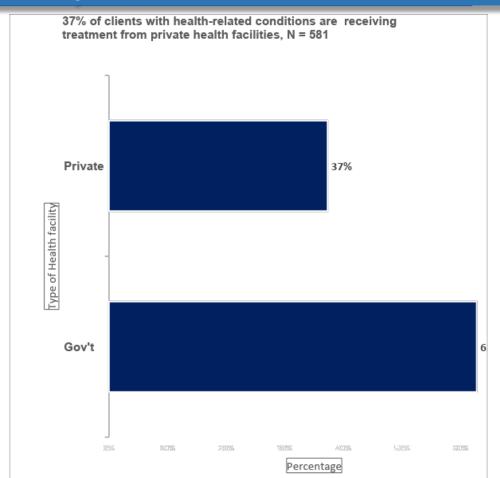






96% of clients have health-related conditions that are Known to the HIV care provider. 37% prefer receiving treatment in private health facilities





Care pathway experience

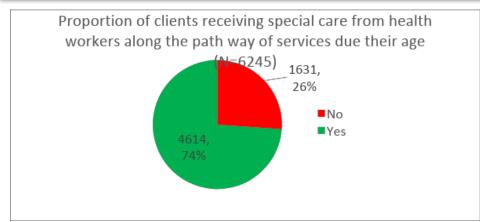


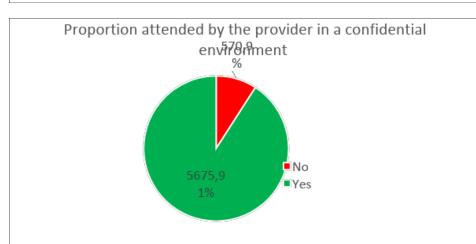


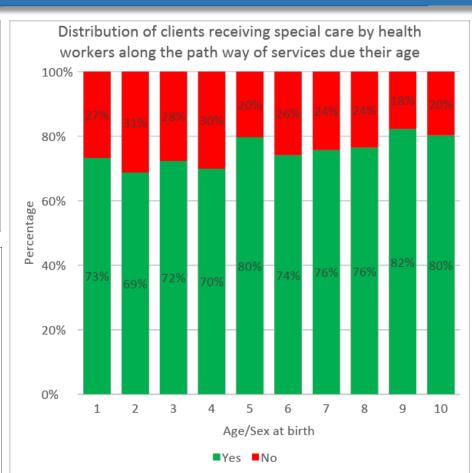




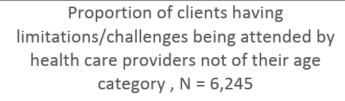
74% (4,614) of clients receiving special care from health workers along pathway of services due their age

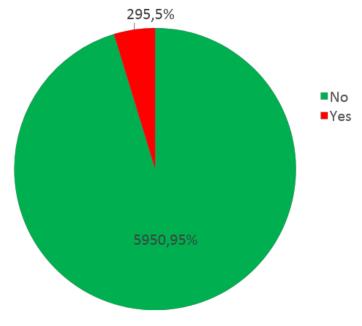


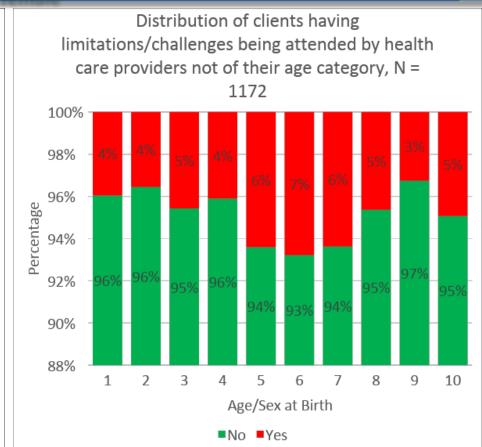




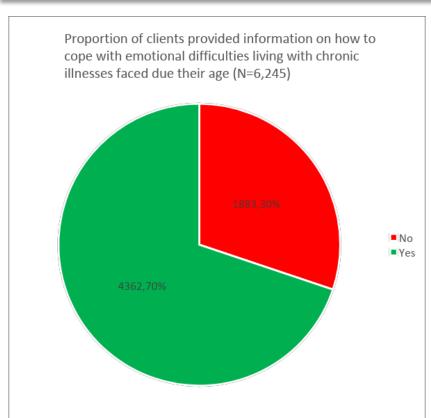
95% (5,950) of clients have no challenge being attended by health providers not of their age category. 97% of clients with challenges being attended by HWs not of their age are in CDDP and FTDR and 61% are female

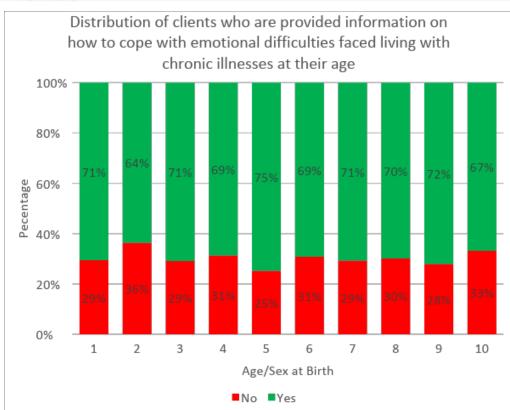






70% (4,362) of clients receiving information on how to cope with emotional difficulties faced living with chronic illnesses as an adult. 76% of those not receiving information are in CDDP and FTDR. 56% are female





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Social Interaction/Social Isolation



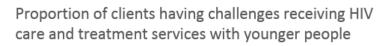


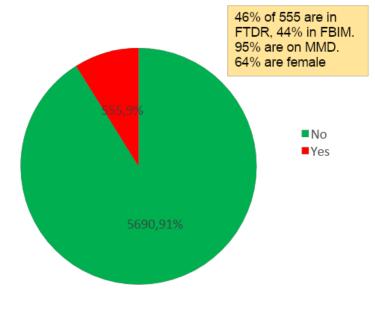


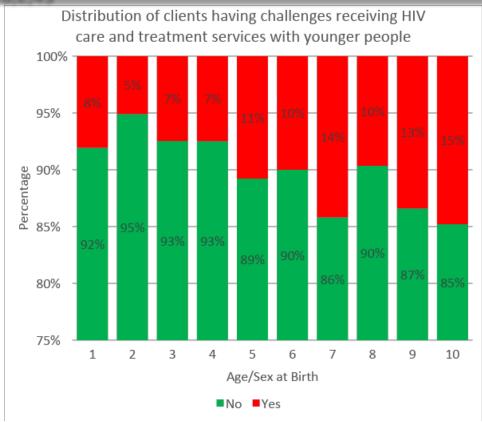


91% of clients have no challenges receiving HIV care and treatment services with younger people. 86% with challenges receiving care and treatment with younger people are on FTDR and CDDP and 64% are female.

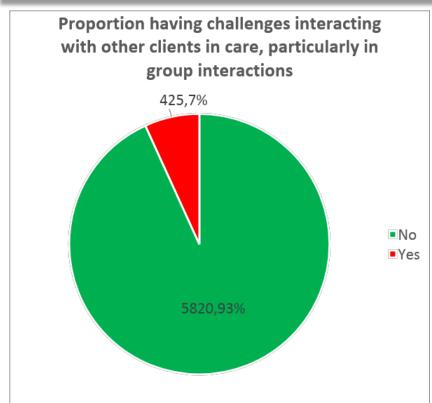
N=6,2,45

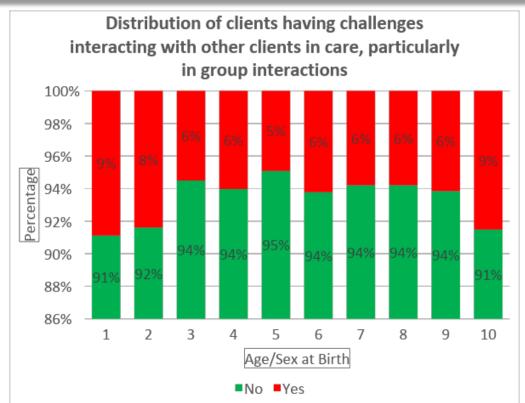




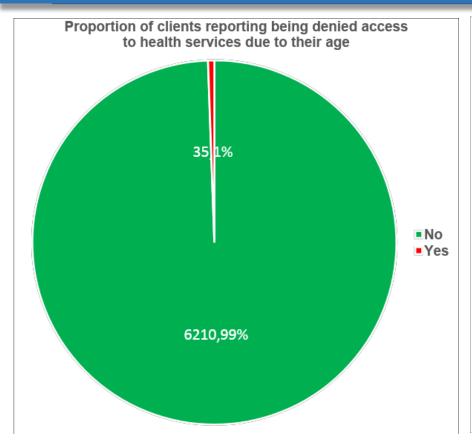


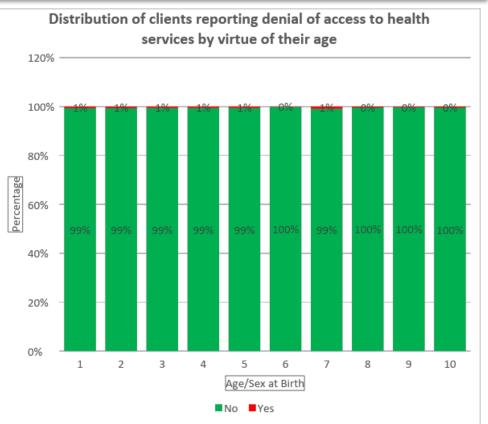
93% (5820) of clients have no challenges interacting with other clients in care, particularly in group interactions, N = 6,245





99% (6,210) of clients report NO denial of access to health services by virtue of their age.





Detailed focus areas from the survey		
Possible Gaps	Real Issues for review	Recommendations
Communications Barriers	Language barriers between HCWs and the patients Health Literacy amongst ROCs	The use of CHPs to support
Stigma and Discrimination	ROCs may be reluctant to disclose other conditions	Use the already existing platforms like PSSGs to address stigma related issues
Training and Awareness	HCWs maybe struggling in handling the ageing population	HCWs training/Sensitization on the bare minimum package for the ageing population [Mental Health Assessment, Linkage to other services]
Limited Resources	Most of the other conditions are charged while HIV Services are free	Championing for SHIF to help reduce the burden. Lobby for waivers on vulnerable Populations
Clinical Integration	Most clinics are not integrated	Clinical Integration The use of hub and spokes to support clinics



Thank You!









