

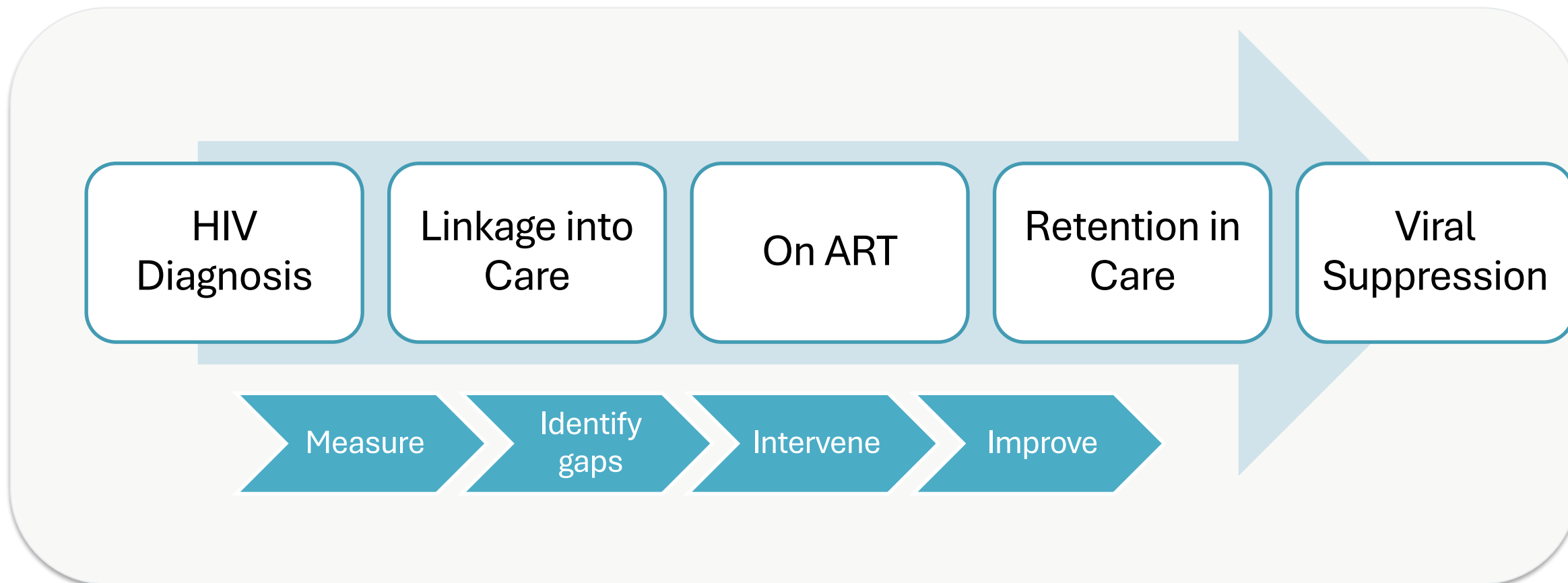
Optimising Care Continua: A Whole-Person Focus

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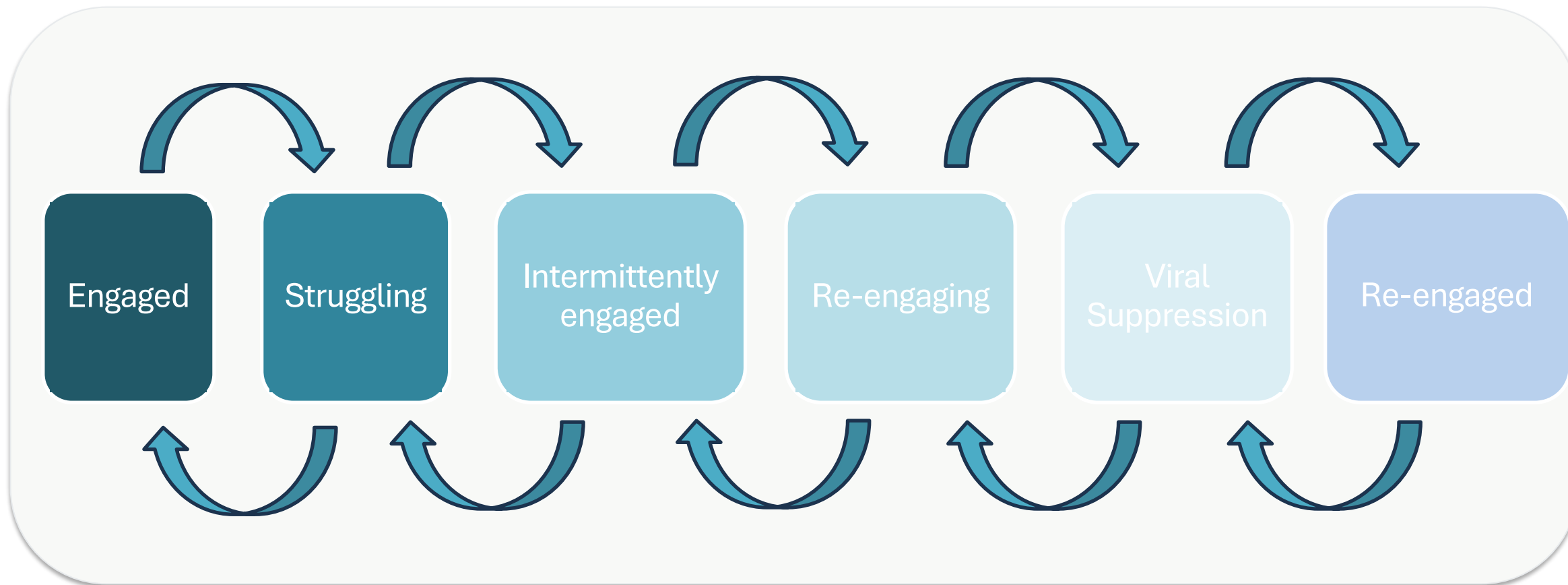


The HIV Care Continuum



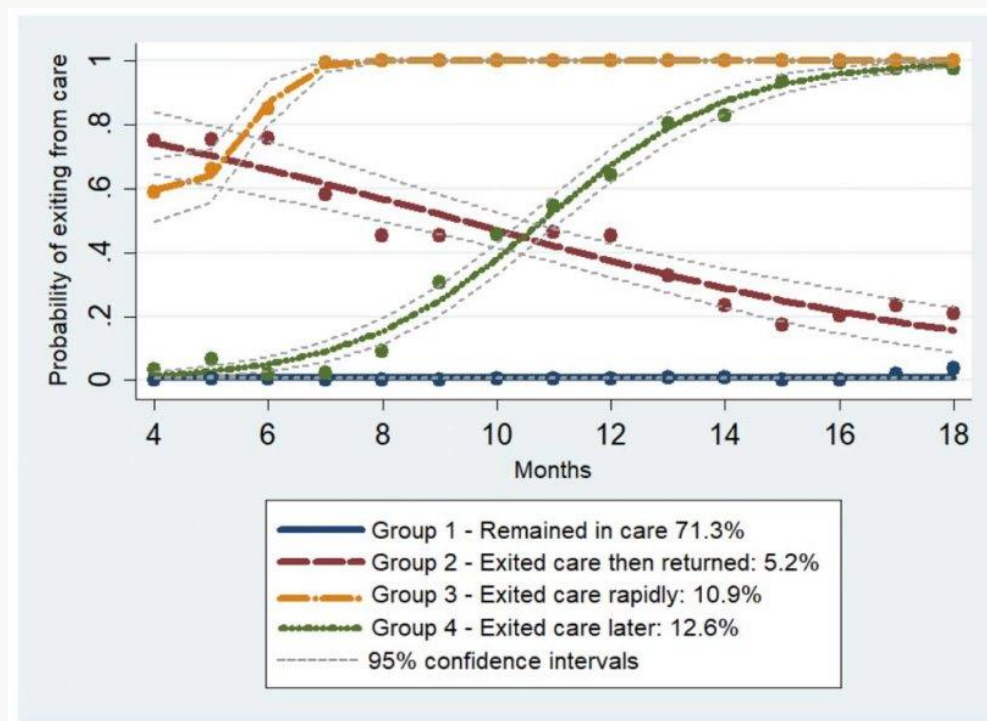
SOURCE: Speaker's slide

The HIV Care Continuum



SOURCE: Speaker's slide

Engagement in care is dynamic



ANRS 12249 TasP Trial

South Africa, 2019

Care trajectories in trial clinics over 18 months of clinical follow-up among patients eligible for ART initiation at the first visit (n = 777)

SOURCE: Gosset et al, 2019 (ANRS 12249 TasP Trial)

What are we actually trying to optimise?

Appointments

Attendance

Retention

Movement through a pathway

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Appointments

Attendance

Retention

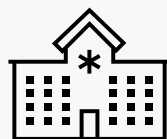
Movement through a pathway

Health
Wellbeing
Agency
Quality of life
Access to care when needed

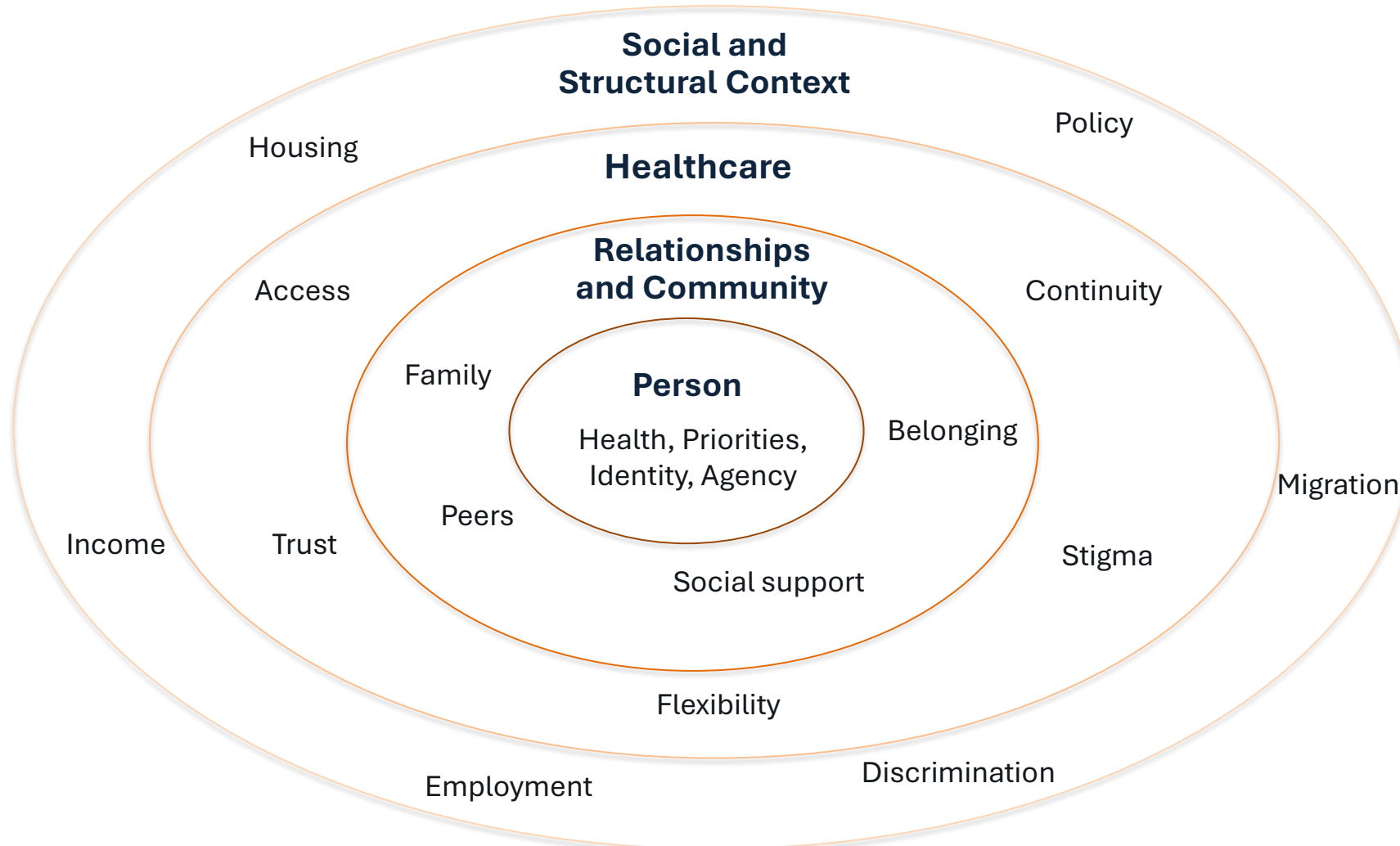
From patient-centred to person-centred

Patient

- Diagnosis
- Treatment
- Appointment
- Clinical outcome



Health happens outside of healthcare



The Philosophy of Harm Reduction

AUTONOMY

Respect people's choices and priorities

PRAGMATISM

Work with reality, not idealised behaviour

INCREMENTALISM

Recognise progress beyond all-or-nothing outcomes

ACCOUNTABILITY WITHOUT TERMINATION

Maintain care even when risks persist

Introducing The LINK Clinic

- Weekly multi-disciplinary, "one-stop-shop" clinic supports people living with HIV identified by clinicians following missed appointments
- The service includes input from a consultant physician, and needs-based contact with a community nurse, psychologist, social worker, pharmacist, health advisor and peer navigator.



The LINK Clinic

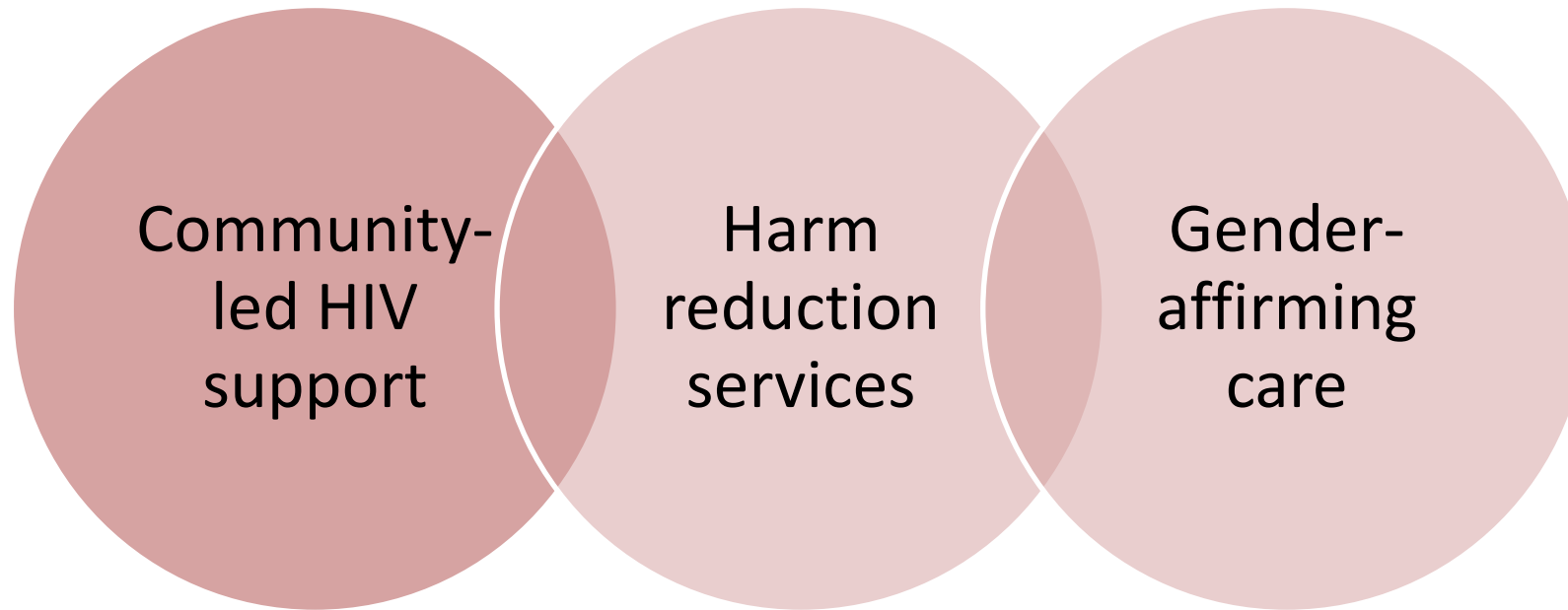
CONVENTIONAL APPROACH

- Focus on missed appointments
- Focus on ART adherence
- Expect behaviour change
- Escalate after repeat disengagement

WHOLE PERSON APPROACH

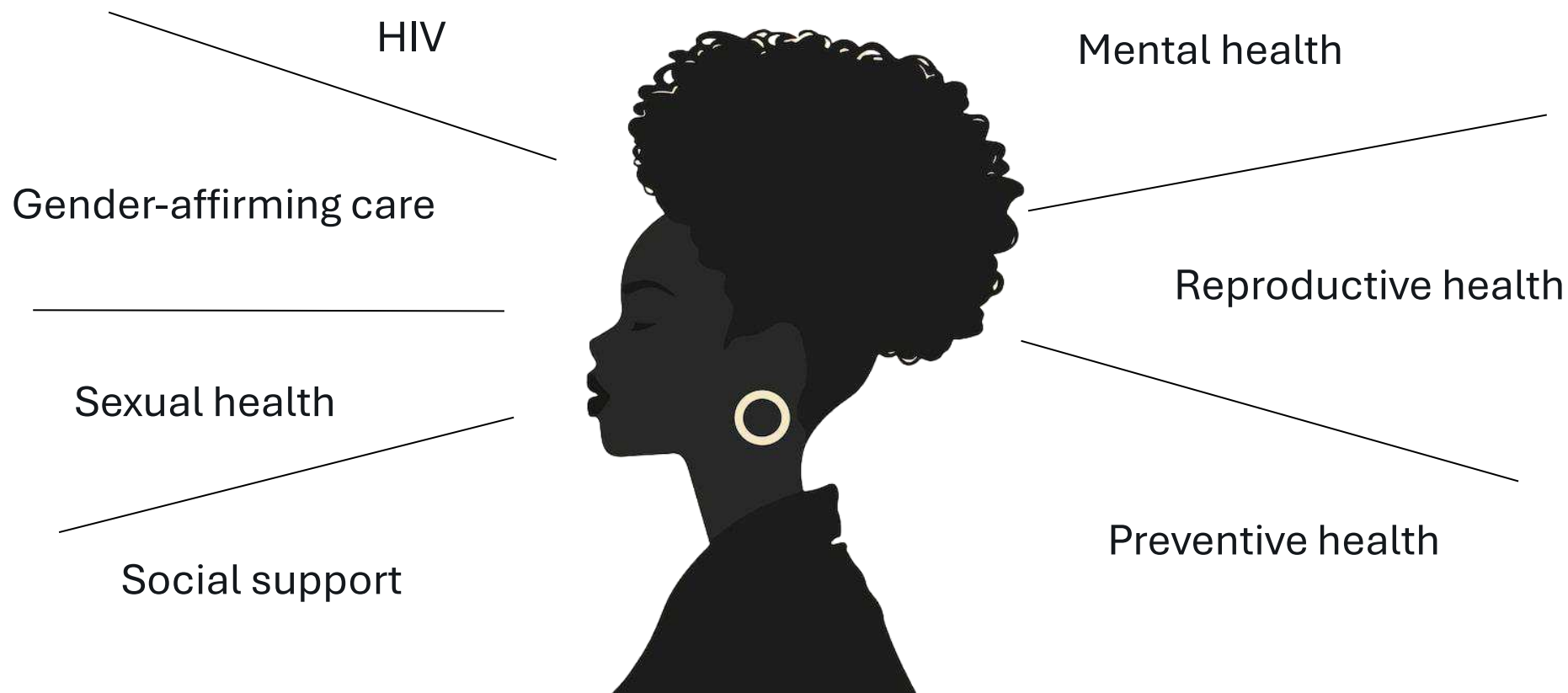
- Understand barriers to engagement
- Explore priorities and competing needs
- Support achievable, incremental change
- Maintain trust and accessible routes back into care

Learning from marginalised communities



When conventional pathways fail people, communities often develop alternative ways of meeting their needs.

Fragmented Healthcare



Trans Health: Integration, Autonomy & Harm Reduction

Integrated care

HIV care

Sexual health

Preventive health

Harm reduction

Non-judgemental support

Hormone monitoring

Safer use advice

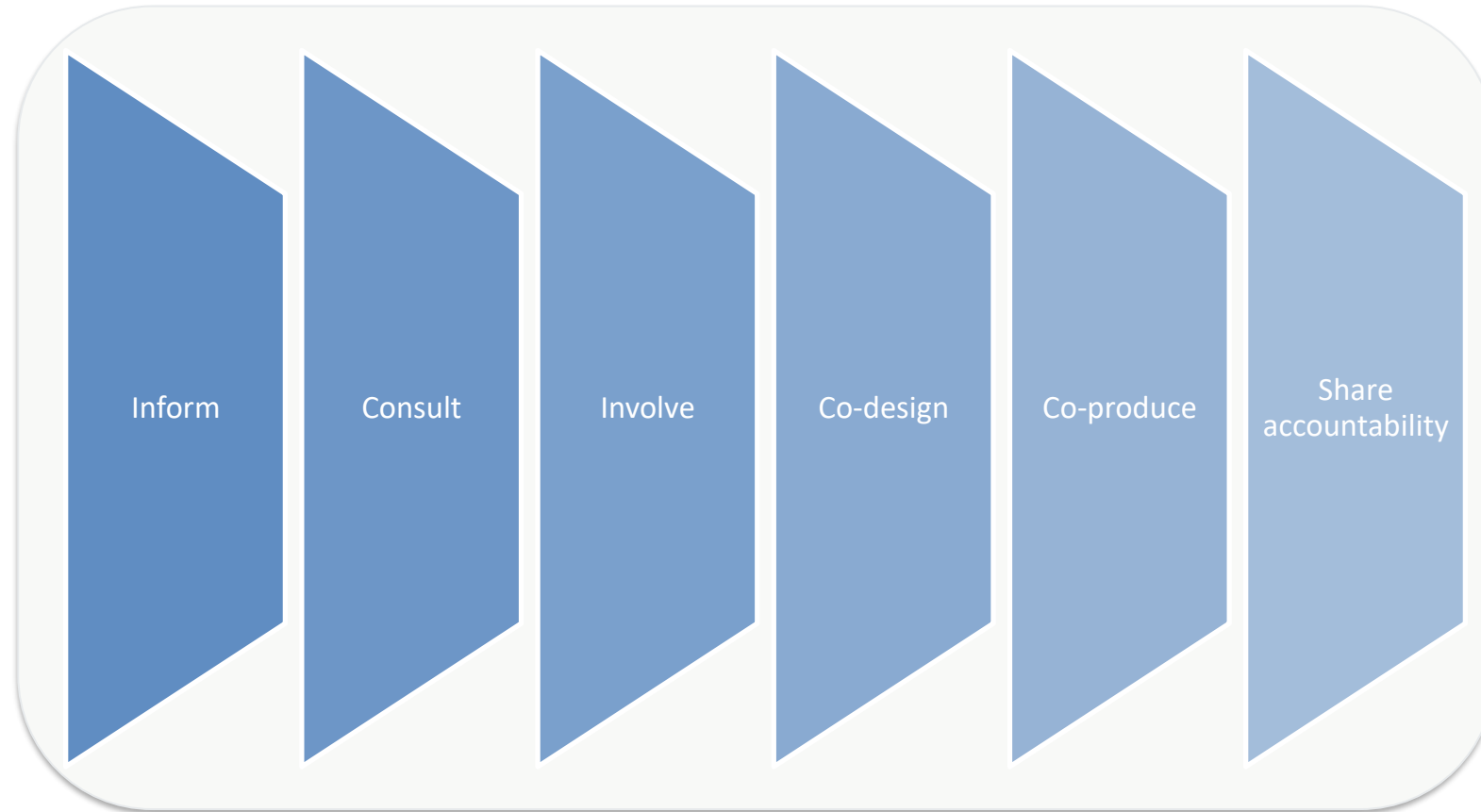
Community partnership

Co-designed services

Peer navigation

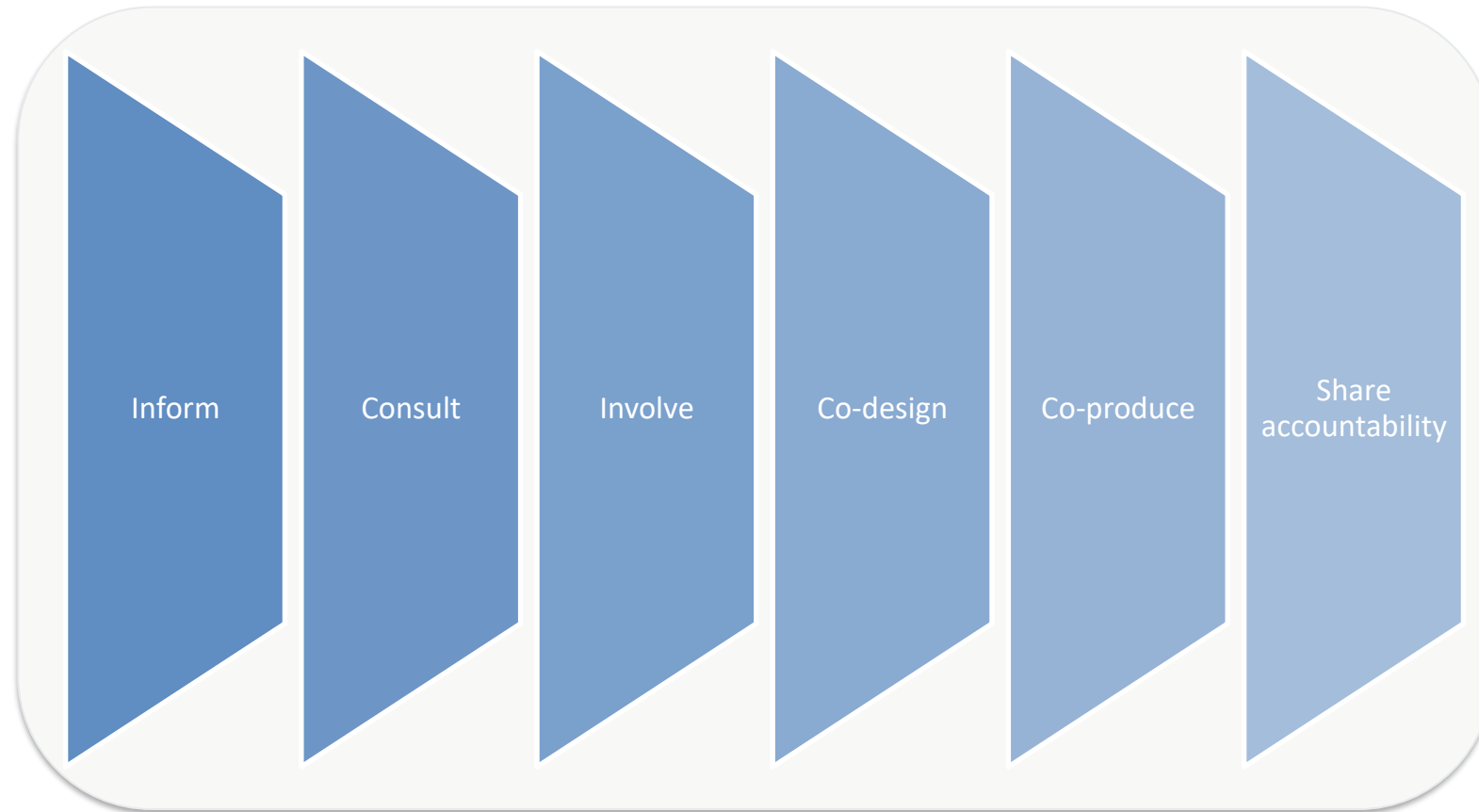
Psychological support

Co-production within service design



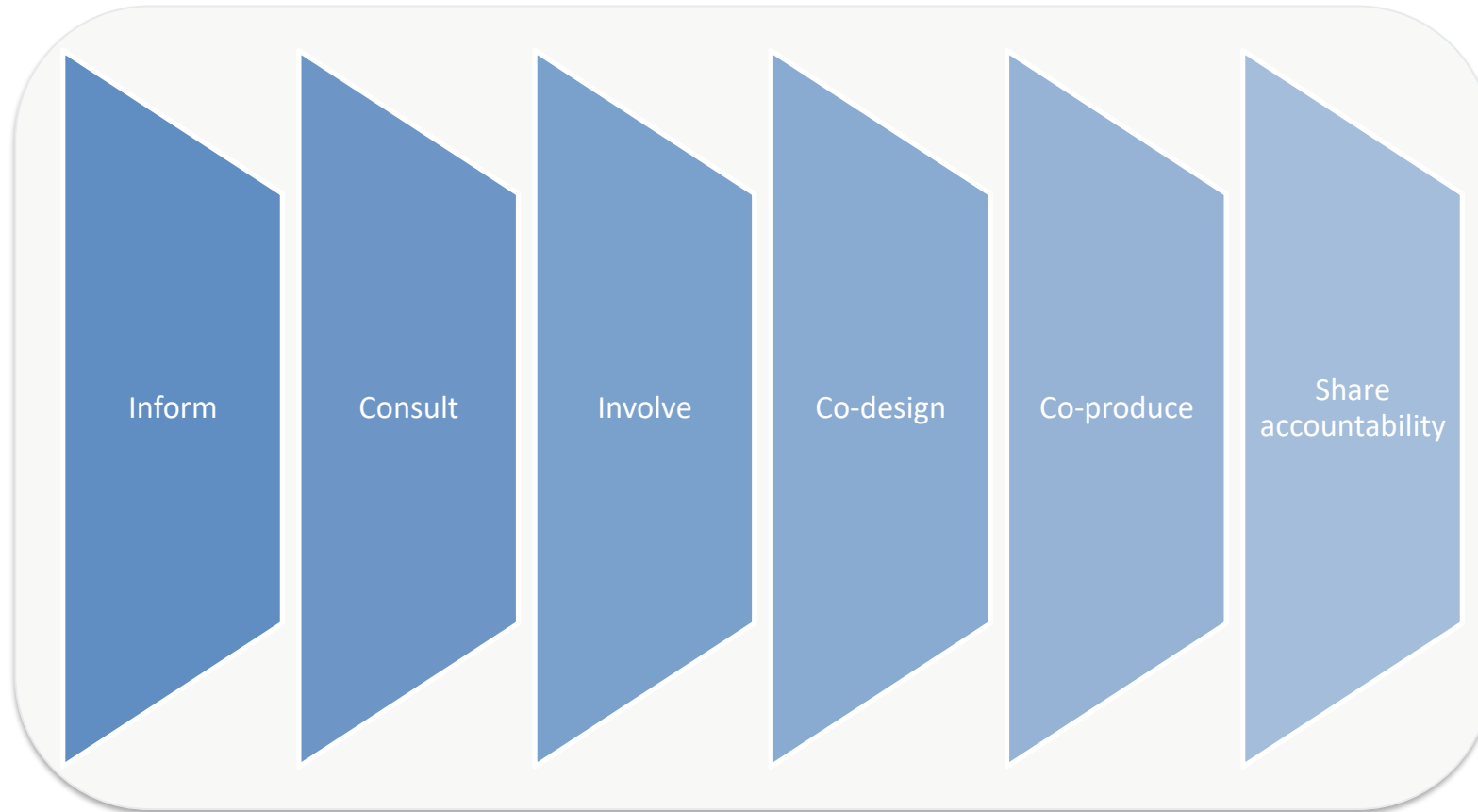
What do you think of the service we've designed?

Co-production within service design



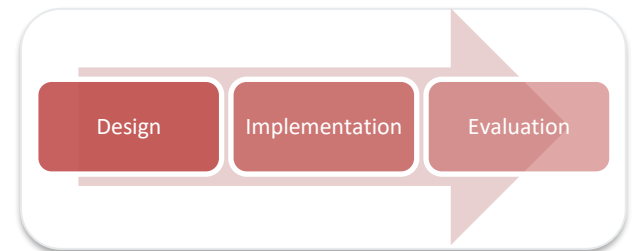
**What should we
design together?**

Co-production within service design



What should we
design together?

TGD clinic
Community
Advisory Board



Community Partnerships

HEALTHCARE

- Clinical expertise
- Infrastructure
- Resources

COMMUNITY ORGANISATIONS

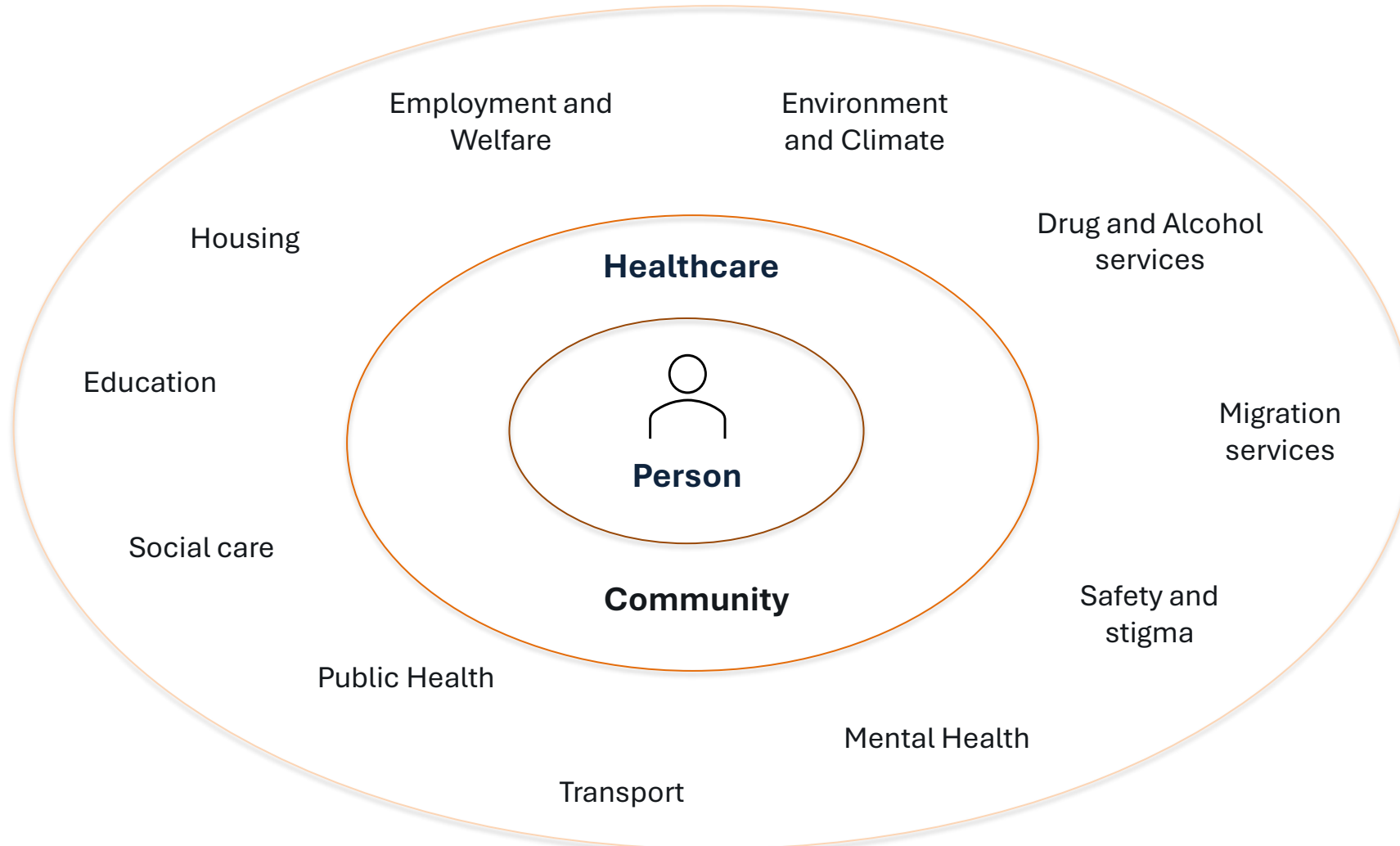
- Trust
- Reach
- Relationships
- Lived experiences

COMMUNITIES

- Priorities
- Experience
- Accountability



Zoom out: The City



Summary

- Recognise that engagement is dynamic.
- Measure what matters to people, not just services.
- Embed flexibility, autonomy and harm reduction.
- Co-produce services and invest in community partnerships.
- Address barriers across services and systems.

A QUESTION TO TAKE AWAY

Where are we currently expecting people to adapt to our services, rather than adapting our services to their needs?



FAST-TRACK CITIES

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THANK YOU

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