TAPOLOGO HIV / AIDS PROGRAMME

Model for the Provision of Integrated Care, Treatment and Support Programmes in support of the Public Health System to achieve improved and sustainable HIV, TB, STI and NCD's patient outcomes including Palliative Care.

HPCA care & support
Hospice Palliative Care Association of South Africa

TAPOLOGO PROGRAMME

PURPOSE

- *Firstly*, show how our experience has given an indication as to the differences between Cancer linked Palliative Care and HIV linked Palliative Care.

- *Secondly*, how you as Hospice are positioned to be able to support HIV patients (taking cognisence of the Tapologo Model of Care).

- *Thirdly*, to indicate some options for supporting HIV linked Palliative Care and the considerations necessary.

TAPOLOGO OVERVIEW

- Development history of Tapologo – as opposed to a traditional Hospice.

- Provision of Care, Treatment and Support for patients:

  - Home Based Care: 19 years
  - Anti-retroviral Treatment Clinic: 14 years
  - OVC Care and Drop-in Centres: 14 years
  - In-patient Unit (Hospice): 12 years
    (closed 2 years ago)

ROLE OF HOSPICE

DIFFERENCES

Link Palliative Care to Cancer (Oncology)	Link Palliative Care to HIV (Broad-based Health Care)
Oncology: Specialised Health Sector	HIV: General Health Sector

CONTINUUM OF CARE

Differentiate between Curative / Treatment based care and Palliative Care

Hospice better understands the Continuum of Care concept than most Health Professionals

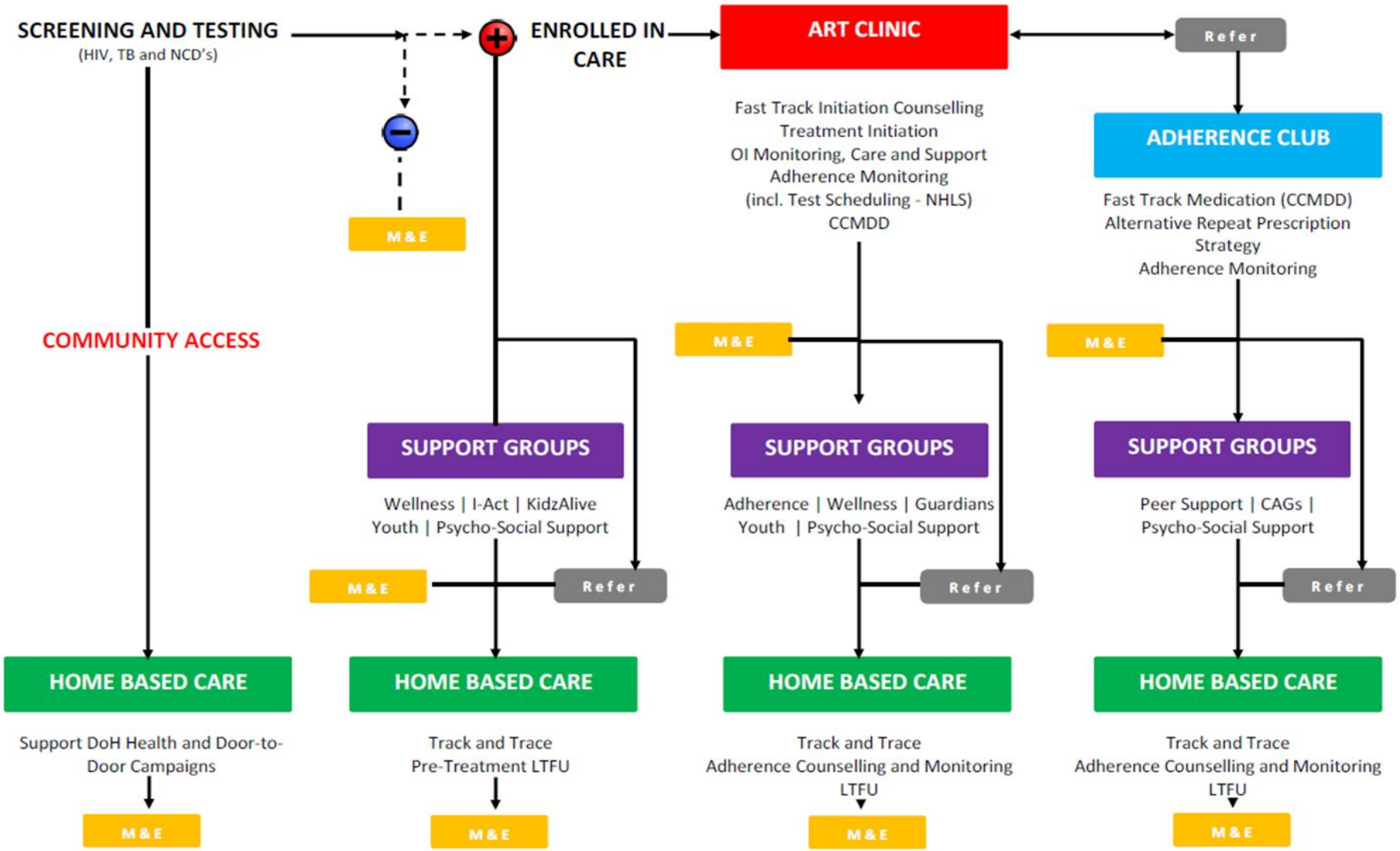
(Tapologo's In-patient Unit provided Treatment and Palliative Care in the same environment)

CAN A HOSPICE PLAY A ROLE IN THE PUBLIC HEALTH SECTOR AND SPECIFICALLY IN RELATION TO HIV (TB AND NCD) PATIENT CARE?

- **YES** you can – but you will need to decide the extent and hence your positioning.
- **What do you need?**
  - An Organisation
    - Registered Legal Entity
    - Management and Financial Capacity
  - A Professional Nurse
  - Health Care Workers
  - A Venue / Facility *(Simply to provide "Access to Care)*
    - Boot of a car and a Gazebo

      up to
    - A Clinic (in whatever shape or form)
  - A Community *(in need)*
  - Multi-Disciplinary Approach
  - Monitoring, Evaluation and Reporting
  - The "Tapologo Model" *(modified to suite)* and a bit of Training
- **If you have the above, you have the tools. All you then need is the desire.**

CONTINUUM OF CARE



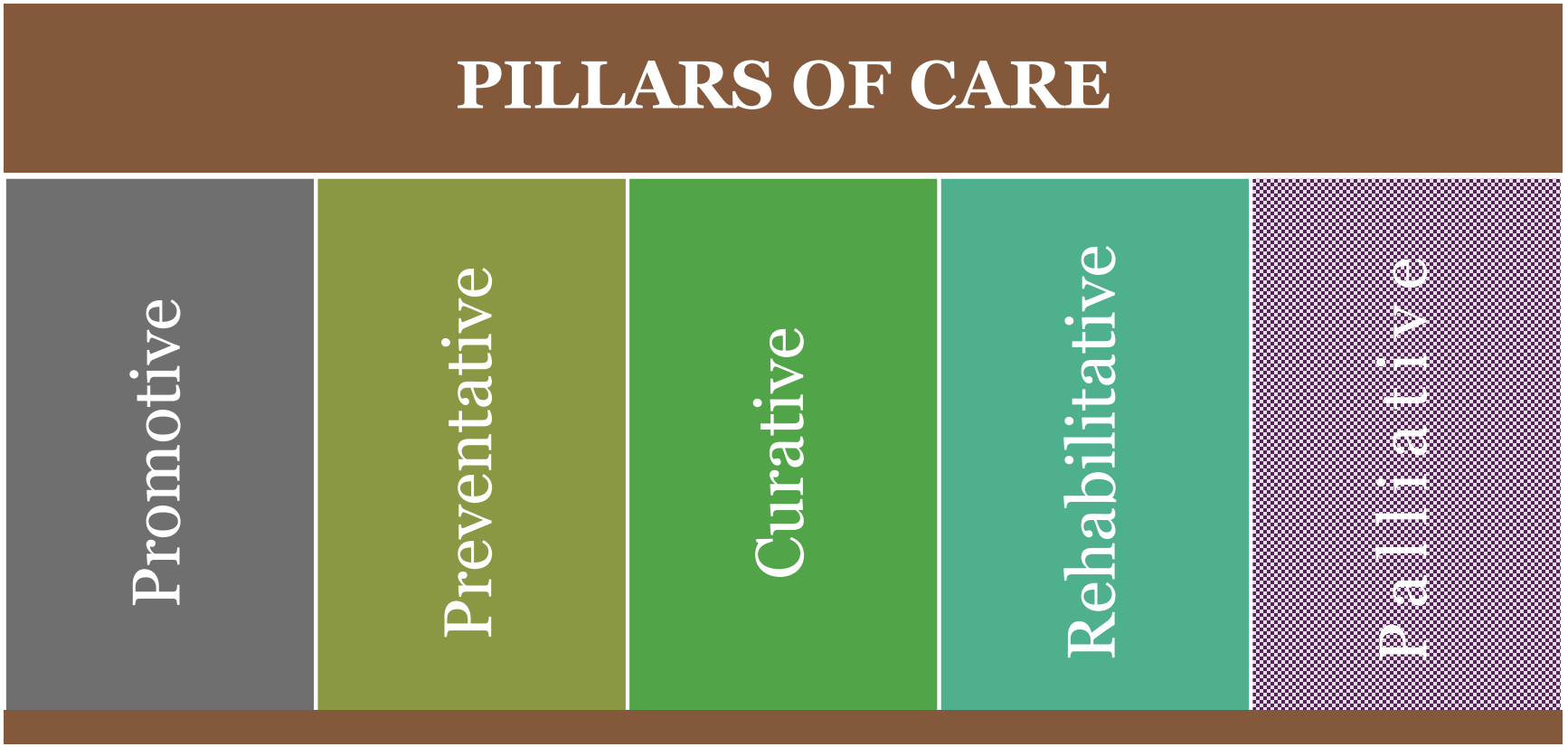
TAPOLOGO'S SUCCESS

- **Adherence Guidelines for HIV, TB and NCD's**
  - Linkage to Care
  - Adherence to Treatment
  - Retention in Care
- **90 – 90 – 90** Programme
- Central Chronic Medicine Dispensing and Distribution (incl. ART)
- PMTCT: **Zero new born HIV infection rate**
- Provision of **Palliative Care** within the HIV general health sector
- **Model of Care**
  - Replicable
  - Scalable
  - Cost Efficient

POSSIBLE IMPACT WITHIN A PARTNERSHIP FRAMEWORK

- **Differentiated Care Services**
  - Achieve 2nd ***90*** and 3rd ***90***
  - Cost Efficient and Effective
- **Decongest Clinics**
  - Address the ***Core Standards*** Issues
  - Development of an ***Ideal Clinic*** Status
- **Proper and Efficient Use of Resources in a Public Health Environment with limited resources**
  - Community Health Care (Incl. WBOT's)
  - Professional Nurse Resources
  - Clinic and Community Resources
- **Provision of Quality Patient Care**
  - Improved Patient Outcomes – Adherence, Retention and **(Palliative Care)**
  - Provision of a Continuum of Care: 90 – 90 – 90 **(– 90)**
  - Multi-disciplinary Approach - See cross-over with Palliative Care Skills
- **Effective Planning & Financial Resource Allocation**

Hospice needs to engage with Health Managers in Strategic Planning for HIV (TB and NCD's) Care and add Palliative Care to the conversation.



THANK YOU

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SPECIALIZED UNITS