Client-Centered HIV Services

Many PEPFAR-supported countries have made considerable progress toward achieving HIV epidemic control. Yet most countries continue to experience significant challenges in retaining HIV clients in a continuum of care, regardless of their national coverage rate of antiretroviral treatment (ART). We will not reach sustained epidemic control if a large proportion of clients, whether new or long term, are unable to stay on treatment.

To address this challenge in a timely and comprehensive manner, all PEPFAR programs, regardless of current ART coverage levels, are implementing strategies to support continuous, client-centered HIV services.

What are Client-Centered Services?

PEPFAR’s vision for successful client retention is to provide life-long, client-centered HIV services, making it as easy as possible for clients to remain on continuous ART. We are designing programs to remove all barriers to continuous HIV care, including stigma and discrimination, and maximize convenience and responsiveness to client needs and preferences.

PEPFAR works to deliver client-centered HIV services, meeting people where they are with what they need

A successful client-centered program has tools and procedures in place to support seamless transfers of care, unfettered ART refill pickups across sites and partners, and proactive plans for clients who move or migrate. The goal is to get antiretroviral medications into the hands of clients in a timely and efficient manner and to provide services that are convenient and welcoming. This starts with gathering insights to understand each client’s needs, preferences, and behaviors, and then designing programs that reach them where they are and deliver services in ways that meet their needs.

Examples of Client-Centered Services

**Convenience:** Multi-month dispensing (MMD) of antiretroviral medications and appointment spacing; community-based treatment initiation, peer-supported linkage, navigation, and retention support services; reduced wait times; extended hours for working clients (including early morning evening and weekend hours); more convenient places (e.g., facility extensions into the community) and procedures that support expedited ARV refills; and transportation support.

**Hospitable and Friendly Services:** Creating a welcoming environment and client-centered approaches; refresher trainings and visual reminders on specifics of human-centered care; friendly staff, including patient peers; rights, stigma, and discrimination policies and practices posted and enforced; and full funding and utilization of community-based organizations to ensure all sites are client-centered.

**Supportive and Responsive:** Service referral and linkage system; peer outreach and/or case management for linkage and retention; tracking and expedited re-engagement of clients with ART interruption; system for pre-appointment reminders; fast-tracks for urgent care and walk-ins; and system for contacting patients to return lab and viral load results or to answer questions.

**Community and Stakeholder Engagement:** Stakeholder and community engagement; inclusion of customer input in service design, monitoring, and improvement; regular use of data to analyze retention/loss to follow up issues; support and assessment of staff performance; and continuous quality improvement.
PEPFAR’s minimum program requirements are one of the cornerstones of high-quality and effective HIV service delivery. Several of these minimum program requirements include multiple components that are closely tied to provision of client-centered services. This includes a strong emphasis on implementing and scaling differentiated service delivery for ARVs, such as MMD and community-based drug dispensation. PEPFAR has also introduced new minimum program requirements on continuous quality improvement and quality assurance and delivery of pre-exposure prophylaxis (PrEP) to further ensure services are meeting clients’ needs.

The COVID-19 pandemic makes the need for client-centered services even more critical. Services such as MMD, decentralized drug delivery, and differentiated service delivery models are being accelerated to ensure clients continue to receive the care and treatment they need.

The MenStar Coalition is a public-private partnership that includes PEPFAR (represented by the U.S. Department of State), the Elton John AIDS Foundation, Unitaid, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Children’s Investment Fund Foundation, Johnson & Johnson, and Gilead Sciences. Its goal is to reach an additional one million men with HIV treatment services and achieve 90% viral suppression among men.

MenStar brings together the HIV service delivery capacities of the public sector with the consumer-oriented marketing acumen of the private sector to optimize efforts in reaching men. The Coalition takes a coordinated, client-centered approach to identify underlying barriers to men’s testing, linkage to HIV treatment, and achievement of viral suppression. Powered by these insights developed by the MenStar Coalition and the Bill & Melinda Gates Foundation, the MenStar Coalition has developed and refined innovative demand creation and supply side strategies to engage men. Country programs are using the insights to adapt and design their programs in a client-centric way that directly address these barriers for men to access HIV services.

PEPFAR is exploring ways to leverage private sector solutions to modernize the supply chain, specifically, bringing commodities to the client rather than clients to the commodities. PEPFAR is leveraging the private sector’s insights on client preferences and its expertise for getting products to people as quickly, cost effectively, and as accurately as possible.

PEPFAR may also adopt innovations from industry to deliver patients services more efficiently by using cutting-edge technology and the latest client insights. Programs are also utilizing decentralized service delivery models for ART distribution, including alternative pick-up points through private hospitals, retail and community pharmacies, and/or automated systems such as Pharmacy Dispensing Units. These models can help reduce patient travel times and waiting times while decongesting public facilities and reducing stigma.