



A MODEL OF CARE FOR THE REHABILITATION OF PEOPLE LIVING WITH HIV IN A SEMI-RURAL SOUTH AFRICAN SETTING SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 14 of the 2014/15 South African Health Review.

- In recent years, an emerging body of literature produced by rehabilitation professionals in South Africa has highlighted the impact of HIV-related disability on HIV care. Challenges around accessing rehabilitative care for people living with HIV who experience disability is of major concern and researchers concur on the need to develop a more comprehensive and feasible model of care for healthcare settings where HIV is endemic.
- Healthcare scientists and clinicians are seeing the integrity in shifting the focus of disability from a medical to a bio-psychosocial model that confronts the structural and environmental barriers faced by people with disabilities – including those living with HIV – thus giving society a degree of responsibility in constructing an enabled environment for them.
- A multi-professional and multisectoral response is needed to initiate such a change. The discourse around rehabilitation frameworks has also required a dynamic shift from a professionally centred prescriptive practice to one that is client-centred and empowered.
- The prospect of new needs for rehabilitation demands a model of care that can feasibly address these changes and integrate patient-centred, evidenced-based rehabilitation practice into South Africa's response to HIV.
- The definition of a model of care is ambiguous, but consensus lies in it being described as multifaceted concept that articulates the values and principles; roles and structures; and care management and referral processes required for optimal health service delivery – all based on evidence of good practice, clear standards and routine monitoring and evaluation. Internationally, it has been recognised that shortfalls in delivery of care, such as poor infrastructure, have led to the development of novel models by healthcare professionals and policy-makers as a strategic response to these demands.
- In a project underpinned by an Integrated Learning in Action approach, several sub-studies were conducted in a semi-rural healthcare setting in the province of KwaZulu-Natal, South Africa. The project involved the multidisciplinary healthcare team at the site, affiliated non-governmental organisation representatives, health service users and experts in the field, and entailed three phases for the development of the model of care: a review of international rehabilitation models; an enquiry into the perspectives of key stakeholders, and reaching consensus with experts on the framework guiding the model of care.

- Various stakeholders and experts agreed that home-based rehabilitation and task-shifting from rehabilitation professionals to lay personnel is crucial for improving accessibility to rehabilitation services via collaboration with a supportive multi-professional supervisory team in a resource-poor setting. These strategies, coupled with ongoing education and training, implementation of disability screening tools and strengthened referral systems, are further enablers of rehabilitation frameworks guiding public health care.
- Improving access to care, and offering high-quality and appropriate care are fundamental principles upon which this proposed model of care is based. The community outreach team is regarded as a mandatory overarching structure to offer continuous care through collaboration and consultation with people living with HIV and experiencing disabilities in their own environment.
- South Africa offers enabling legislation to support the discourse for rehabilitation envisaged in this chapter. However, there is a lack of empirical evidence translating such policy into practice and vice versa.
- The proposed model of care is pertinent to current South African legislation and builds on key aspects such as accessibility, rights, and the empowerment and participation of people with disabilities. It promises fluidity of care for people living with HIV by improving access to such care as a basic human right, and empowering of communities through recourse to a rehabilitative framework.

SOURCE:

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Please send input to:

The Editor
Health Systems Trust
34 Essex Terrace, Westville 3630
Tel: +27 (0)31 266 9090
Fax: +27 (0)31 266 9199
Email: editor@hst.org.za