

CHAPTER 1

INTRODUCTION AND GUIDING PRINCIPLES

The *Operations Manual* is intended for use in countries with high HIV prevalence and provides operational guidance on delivering HIV services at health centres. Basic primary care and key services, such as maternal and child health, are currently delivered at health centre level. Provision of essential HIV services do not necessarily require specialized HIV clinics or the presence of a doctor. The use of this *Manual* will assist health centres to plan and deliver HIV prevention, care, and treatment in an integrated manner. It provides a framework to ensure that HIV services can be provided in an integrated, efficient and quality-assured manner.

The *Manual* is based on a public health approach to scaling-up HIV services in resource-constrained settings. This approach includes simple, standardized regimens and formularies; algorithmic clinical decision-making; standardized supervision and patient monitoring approaches; as well as integrated delivery of care at primary health centres within a district network. Decentralization of services to health centre and community level is facilitated with the public health approach. This *Manual* supports efforts to deliver and scale up HIV prevention interventions including provider-initiated testing and counselling, prevention of mother-to-child transmission, prevention of HIV and TB transmission and prevention of disease progression in HIV-infected individuals.

The *Operations Manual* deals with environmental health, logistic, managerial and infrastructure requirements for delivery of the essential HIV and primary care services. These are laid out in clinical guidelines such as country-adapted WHO Integrated Management of Adolescent and Adult Illness (IMAI), Integrated Management of Childhood Illness (IMCI) and Integrated Management of Pregnancy and Childbirth (IMPAC) guidelines or other national clinical guidelines for provision of acute and chronic HIV care.

■ Target audience

This *Manual* is written for the health centre team, and in particular the health centre manager (often an in-charge nurse). Specific chapters may be particularly useful for those with specific tasks such as managing the supplies, providing laboratory services, or managing patient records, registers and reports. The *Manual* is intended to be both a learning and job aid for the health centre worker. During country adaptation, some content may be presented as wall charts or used to develop standard operating procedures for various services or specific types of patients.

The *Manual* should also be helpful to the district management team, that supervises and supports health centre services, as well as being useful to the national Ministry of Health and other partners planning and supporting decentralization of HIV services. An Adaptation Guide summarizes the evidence for the guidance and supports national country adaptation of the *Manual*.

■ District health systems

The district health system or “district network” serves a population within a specific geographic area and consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. At the core of most district health systems is the district hospital which acts as the first referral level for patients, and provides clinical, laboratory, pharmaceutical, and supplies support for health centres within that district. The district health system also functions as the organizing unit for planning and management. Functions such as supply chain management, reporting, and supervision for all the facilities in the district are the responsibility of the district health management team, which is commonly located at the district hospital. District management includes administrative services and multiple programmes (including HIV, TB and MCH) and often addresses other sectors in addition to health. This role is increasingly important, with substantial decentralization of services in many countries.

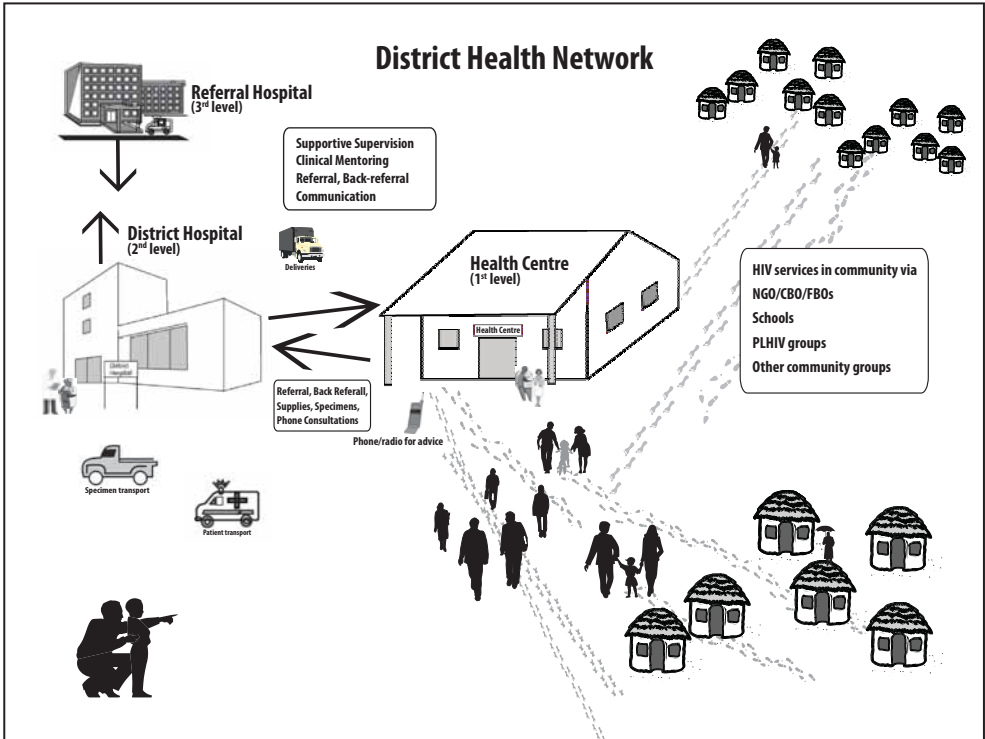
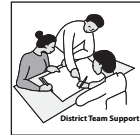
District support for the health centre includes

- District clinicians (doctors, medical officers, clinical or health officers) who:
 - provide consultative back-up
 - visit clinical teams at the health centre to review cases
 - provide clinical mentoring
 - provide care for referred patients including managing severe or complicated cases.
- District health management team (for HIV, TB, MCH, other programmes) who provides:
 - supportive supervision
 - important support to the health centre in terms of supply, laboratory, hiring health workers, transport, training, etc.

District support for health centres include laboratory and pharmacy staff, as well as clinicians and managers.

■ **Support from the district health management team**

This logo appears when support from the district is discussed or where close working relationships with the district health team are required.



The district health system contains health centres that are fixed facilities with professional staff. These in turn support a variety of health related activities in the community, including health posts or dispensaries that may be staffed by community health workers. Linkages between services at these three levels of the district health system should exist to make sure that HIV services are provided for patients, and that active follow-up and referral from the health centre occur as needed for continuity of care.

The community and community-based organizations are vital within the district health system because they provide an important link to resources in the community that support HIV prevention and long-term care. It is crucial to involve the

community in planning and advocating for the health centre. This is described in more detail in the *Community* chapter.

■ **Integration**

Integration of HIV services into the existing basic health services within the health centre and across the different levels of the health system is essential for successful HIV services from the perspective of both the health centre and the clients accessing care. Every contact with the health centre can be used as an opportunity to deliver HIV services. This *Manual* supports best practises in integration, such as providing integrated care for families, and training health workers so that patients receive all their needed services in a single visit, including integrating HIV services into the antenatal, labour and delivery, and newborn services.

Assumptions of the *Operations Manual*

- High HIV prevalence in generalized epidemics
- Material and human resource constraints
- Limited essential laboratory tests performed on site with few essential tests sent to the district hospital
- Refrigeration limited to that required by immunization services, this may require adaptation as other drug formulations which require refrigeration are added .

■ **The capacity of the target health centres**

This *Manual* addresses both large and small health centres within the district health system.

- Small health centres provide basic primary health care and prevention services, including ambulatory acute care services, immunizations, antenatal and postpartum services, family planning, sexually transmitted infection (STI) management, TB, and child health services.
- Large health centres are those that have an additional limited number of beds primarily used for labour and childbirth and for patients under observation during the day, or while waiting to be transferred to hospital. Facilities with inpatient wards would be considered as small hospitals, rather than health centres. Health centres have clinical teams led by a nurse, midwife or medical assistant (or in some settings by a clinical officer). The team is supported for mentoring, referral and back-referral by a district clinician at hospital level. Additional supportive supervision is provided by district management teams for HIV, TB, and maternal and child health.

The catchment population for a small health centre may be up to 10,000, while a large health centre may serve a population area of 20,000.

■ National adaptation

The essential interventions and the systems and resources needed to support the interventions outlined in the various chapters of this *Operations Manual* are likely to be applicable in most high HIV prevalence, resource-constrained settings. However, in each country the *Operations Manual* requires a national adaptation process by the ministry of health and its partners to fit national policy, existing guidelines, clinical and patient monitoring tools, the health systems context, and the resources of each country.

■ How to use this *Manual*

This *Manual* is not exhaustive. It is designed to be used by health workers as a job aid and for practical problem solving on a chapter by chapter basis. (It is not a training manual, but chapters can serve as a learning aid during training courses). Some overlap in content is inevitable to allow the *Manual* to be used in this way but this has been kept to a minimum. Wherever possible the relevant chapter is referred to clearly. There are a number of topics which appear in multiple chapters. Several of these are services that are currently being scaled up. Some are general issues that affect the health centre and others are HIV-specific. All are clearly marked with a logo to make it easy to pick them out.

■ Human resources

The intention of this *Manual* is to support health workers with a systematic approach to HIV services and to provide a framework within which HIV patients are seen, counselled and treated. (Many of these patients were already attending the health centre with medical complaints before their HIV status was identified.) It also gives staff in a facility an advocacy tool to request additional human resources when necessary. This logo appears when issues of staffing, human resources and training needs are discussed in a chapter. Planning, training and supporting health worker safety and other efforts to retain staff are discussed in the *Human Resources* chapter.



■ Quality management

'Quality of care' has three fundamental aspects: 1) patients receive the care they need; 2) the care delivered is consistent with national guidelines; and 3) the care delivered has the desired positive effect on patient health and well-being. Improvements in quality can occur without additional resources, since everyone has a



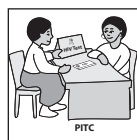
responsibility for quality, from national to individual level. Quality is affected by many different factors, including leadership, and whether there is adequate infrastructure, appropriate training, and available resources. This logo appears wherever aspects of quality management are mentioned in a chapter, such as the quality of HIV testing or workplace improvement. The client and community perspective also form an important aspect of quality; issues that might be important to monitor include waiting times, cleanliness and staff attitudes to PLHIV. The last chapter in the *Manual* presents a simplified quality improvement approach. It sets out a systematic and planned approach to assessing, monitoring and improving the quality of health services on a continuous basis.

■ TB control



This logo appears throughout the *Manual* in order to highlight the topics related to the prevention and control of TB. TB infection control appears throughout the *Manual*, including how to improve room air ventilation, separating TB suspects, promoting cough hygiene in waiting areas, the health centre's TB infection control plan; assuring rapid identification, diagnosis and treatment of TB; laboratory biosafety; and community TB literacy and action. This *Manual* also supports intensified case finding and isoniazid preventive therapy (with infection control, these are the "Three Is").

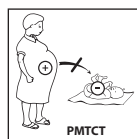
■ Provider-initiated testing and counselling for HIV (PITC)



This logo highlights the operational considerations for the scale-up of PITC. PITC is recommended in all health facilities in high prevalence settings for people who do not know their HIV status. Specific emphasis focuses on key entry points for HIV care through PITC, to the flow of patients in the facility, and to planning for scale-up of HIV testing, including supply of test kits, the quality assurance

of testing services, and the training and support needs for staff conducting testing and counselling.

■ Prevention of Mother to Child Transmission (PMTCT)



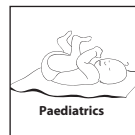
Some interventions to prevent the transmission of HIV from mother to child are already present in some health centres. This *Manual* supports an integrated approach to rapidly expanding the proportion of pregnant HIV-infected women on ART by integrating its delivery into antenatal clinics with the continued follow-up, testing, and care of their HIV exposed infants. These interventions have an impact on

PITC and the supplies, training and quality needs for HIV counselling and testing in the facilities, as well as on antenatal care services, labour and delivery services, the

care of the infant, family planning and other child welfare services. Strong linkages with the community and the partners and family members of women are tested and receive services are a key to the successful integration of PMTCT.

■ Paediatric care and treatment

This *Manual* supports efforts to assure prompt testing of all HIV-exposed infants, scale-up of paediatric care and treatment to increase coverage, and quality of care and treatment to HIV-positive children. HIV-exposed and infected children need to be on cotrimoxazole, and more infants and children need to be initiated early on ART. This requires appropriate paediatric formulations at the health centre.



■ Community

How do we define community and why is it important for our work? For the purposes of the health centre and this *Operations Manual*, community refers to people living with or affected by HIV in the population served by the health centre. This can include PLHIV and their families, but also includes health workers and CBOs providing services to them. The long-term medical and psychosocial consequences of HIV require sustainable community-based services to provide ongoing services and support. PLHIV rely on regular medical contact and support from the health centre. However, it is not practical for the centre to provide all the support needed by PLHIV and their families. Instead, community structures need to be strengthened to provide synergistic support, in close collaboration with the clinical team in the health centre and the district management team.



This *Manual* does not cover:

- special services for injecting drug users, guidance for this group is available elsewhere;
- surgical or specialized reproductive health services such as female sterilization, vasectomy, or adult male circumcision.