Expert Consensus on the Rehabilitation Framework Guiding a Model of Care for People Living With HIV in a South African Setting

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Disabilities and treatments related to HIV are a focus for rehabilitation professionals in HIV-endemic countries, yet these countries lack guidance to integrate rehabilitation into a model of care for people living with HIV. We asked HIV and rehabilitation experts in South Africa to engage in a modified Delphi survey based on findings from (a) an enquiry into stakeholder perspectives of a context-specific rehabilitation framework at a semi-rural setting and (b) an analysis of international models of care-guiding rehabilitation. Consensus was determined by an a priori threshold of 70% of agreement and interquartile range (≤ 1 on criterion) to be included as essential or useful in the model of care framework. Experts agreed that improving access to care, optimal communication between stakeholders, education and training for health care workers, and home-based rehabilitation were essential for the model. Furthermore, task shifting and evidence-based practice were seen as fundamental for optimal care.

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The emerging need to address the disabling effects of HIV and its treatment on people living with HIV (PLWH) is an issue challenging health professionals and researchers, particularly in HIV-endemic countries where rehabilitation interventions are rare and disconnected from HIV programs (Hanass-Hancock, Strode, & Grant, 2011; Nixon, Hanass-Hancock, Whiteside, & Barnett, 2011b). Increasingly, researchers are interested not only in the biomedical investigations of HIV and its treatment, but also in evidence of the new health-care-related needs that come with HIV as a chronic disease, as well as with long-term antiretroviral therapy (ART; Nixon et al., 2011b).

A recent systematic review of the disabling effects of HIV since the onset of widespread ART in hyper-endemic countries revealed that a large number of PLWH experienced disabling health conditions (Hanass-Hancock, Regondi, Van Egeraat, & Nixon, 2013). The review revealed that the majority of studies used a biomedical approach focused on identifying impairments with less emphasis on investigating activity limitations and participation

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restrictions. The definition of disability related to these conditions was impairment based and contradictory to the shift toward a biopsychosocial perspective of disability, which is imperative to rehabilitation professionals working with HIV and disability (Hanass-Hancock et al., 2013; Nixon et al., 2011b). There has been, however, little evidence related to rehabilitation interventions that address the disabling effects of HIV and ART. Scholars in this field identify rehabilitation as key to addressing the new health-related needs and disabilities associated with HIV, comorbidities, and a life on ART (Nixon et al., 2011a).

Current health care structures in South Africa lack a model to guide rehabilitation of PLWH in the public health care domain (Chetty & Hanass-Hancock, 2014). South Africa's National Strategic Plan for STIs [sexually transmitted infections], HIV, and TB [tuberculosis] for 2012-2016 (South African National AIDS Council, 2011) has recognized people with disabilities as a key population and listed a number of services in relation to access, prevention, treatment, care, and support. The plan mentioned the prevention of disability in Objective 3 but failed to identify relevant rehabilitation interventions. It is evident that a model to guide rehabilitation would ameliorate these public health care disparities (Chetty & Hanass-Hancock, 2015a).

Our study explored possible rehabilitation intervention models that would respond to the unique needs of PLWH with disabilities, taking a specific study setting as a context. Through a multi-stage process, we aimed to develop a model of care for the rehabilitation of PLWH in a semi-rural setting in South Africa and hoped to provide the first guiding framework toward better integration of rehabilitation in current HIV treatment, care, and support.

Our study was embedded in an ongoing investigation of HIV-related disabilities conducted by Health Economics HIV and AIDS Research Division (2015) in a semi-rural public health care setting in KwaZulu-Natal, South Africa, which has one of the highest HIV-prevalence rates in the world (Hanass-Hancock, & Alli, 2014; Hanass-Hancock, Nixon, Myezwa, Van Eggerat, & Gibbs, 2012). The ongoing project provided evidence for the scope and type of disability in people on ART as well as feasible rehabilitation interventions. We provide evidence on a sub-study that investigated a potential model of care that would include rehabilitation for the same setting taking the local situation and resources into account. Two preliminary phases preceded this paper.

The first phase included a literature review and synthesis of rehabilitation models implemented and working in other contexts such as Australia, which led us to establish an integrated theoretical framework that guided the next step (Chetty & Hanass-Hancock, 2015a). The second phase used qualitative enquiry with key stakeholders engaged in the study setting (PLWH, the multidisciplinary health care team, and community outreach partners) to capture their perspectives of the rehabilitation framework and recommendations for the model. Stakeholders emphasized that the objectives of a model of care should aim to improve access to patient-centered care and maintain a multidisciplinary team approach. They also believed that training of professional staff and lay personnel within task-shifting approaches was an essential enabler to the implementation of the model (Chetty & Hanass-Hancock, 2015b).

As a next step, we invited external experts in the field of HIV and rehabilitation in resource-poor settings to review the framework and model of care developed for the rehabilitation of PLWH and to provide critical feedback with regard to the guiding framework suggested in the phases above. Although the framework was adapted from models tested in other contexts, the available models were all from resource-rich settings, and the process of engagement with the community as well as experts was needed to culturally adapt a model of care that would be feasible for resource-poor settings (Chetty & Hanass-Hancock, 2015a). Further engagement with rehabilitation experts was deemed necessary to tackle the disabling effects of HIV on PLWH in a South African context.

Methods

A modified Delphi technique was used to gather feedback from experts working in the field of rehabilitation in South Africa. This method allowed for the inclusion of opinions from a diverse group