

Care sharing for people with HIV/AIDS: a look targeted at young adults

Compartilhamento do cuidado da pessoa com HIV/Aids: olhar direcionado ao adulto jovem

La distribución del cuidado de la persona con VIH/Sida: una mirada hacia el adulto joven

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ABSTRACT

Objective: To understand the care sharing for people living with HIV/AIDS, especially young adults, as well as the structuring of the line of care in the capital of Santa Catarina. **Method:** Qualitative research, anchored by theory based on data collected in the Health Care Network of Florianópolis, totaling 19 participants distributed between two sample groups. The data collection and analysis were concomitant, with comparative analysis method. **Results:** The municipality has been transitioning in the health care model for people with HIV/AIDS, especially young adults, whose care is shared within the Health Care Network. **Final considerations:** In the municipality, there is the inclusion of management of HIV in primary health care services along with the establishment of a more resolute care model. Thus, the care of this population is shared in different points of the health care network. **Descriptors:** Young Adult; HIV; Acquired immunodeficiency Syndrome; Nursing; Health.

RESUMO

Objetivo: Compreender o compartilhamento do cuidado à pessoa vivendo com HIV/Aids, com destaque ao adulto jovem e à estruturação de linha de cuidado na capital catarinense. **Método:** Pesquisa qualitativa, ancorada pela teoria fundamentada nos dados, os quais foram coletados na Rede de Atenção à Saúde de Florianópolis, totalizando 19 participantes distribuídos em dois grupos amostrais. A coleta e a análise dos dados se deram concomitantemente, com método de análise comparativa. **Resultados:** O município de estudo passa por transição no modelo de atenção às pessoas com HIV/Aids, em especial aos adultos jovens, cujo cuidado se compartilha dentro da Rede de Atenção à Saúde. **Considerações finais:** No município de estudo, tem-se a inclusão do manejo do HIV nos serviços da atenção primária, concomitantemente ao estabelecimento de modelo assistencial matriciado e mais resolutivo. Desta forma, o cuidado desta população compartilha-se nos diferentes pontos da rede de atenção à saúde. **Descritores:** Adulto Jovem; HIV; Síndrome de Imunodeficiência Adquirida; Enfermagem; Saúde.

RESUMEN

Objetivo: Comprender la distribución del cuidado a la persona con convive con VIH/Sida, enfocándose en el adulto joven y en la estructuración de una línea de cuidado en la capital catarinense (Brasil). **Método:** Investigación cualitativa, con base en la teoría fundamentada en los datos, que fueron recolectados en la Red de Atención a la Salud de Florianópolis, con un total de 19 participantes distribuidos en dos grupos de muestreo. La recolección de los datos y su análisis fueron simultáneos al análisis comparativo. **Resultados:** El municipio en cuestión pasa por la transición en el modelo de atención ofertado a las personas con VIH/Sida, principalmente a los adultos jóvenes, quienes reciben un cuidado que se distribuye dentro de la Red de Atención a la Salud. **Consideraciones finales:** En el municipio en cuestión, hay la inclusión del manejo del VIH en los servicios de atención primaria, al mismo tiempo que el establecimiento del modelo asistencial matricial y más resolutivo. De esta forma, el cuidado de esta población está distribuido en los diferentes aspectos de la red de atención a la salud. **Descritores:** Adulto Joven; VIH; Síndrome de Inmunodeficiencia Adquirida; Enfermería; Salud.

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV), had its first cases in the early 1980s. The emergence of Anti-Retroviral Therapy (ART) has changed the history of HIV infection. AIDS, which was understood as a lethal disease, has become a chronic and permanent condition, subject to control, and it requires patient specific directions⁽¹⁾.

At the meeting of the Pan American Health Organization (Paho), in 2014, with the participation of countries in the Latin America and Caribbean, three goals were established for monitoring fundamental steps of continuous HIV care, which is based on the sustained treatment of people living with HIV/AIDS (PLWHA); allowing the calculation, based on the estimated number of PLWHA, of the proportion of people with an HIV diagnosis receiving anti-retroviral treatment and with viral load suppression. Such goals are called 90-90-90 targets, which must be achieved by the countries by 2020: 90% of diagnosed PLWHA; 90% of diagnosed PLWHA receiving anti-retroviral therapy; and 90% of PLWHA undergoing viral suppression therapy⁽²⁾.

Since the discovery of HIV, there was a movement for humanization in the provision of care in primary health care, as well as some advances in the reception and qualified listening, seeking a service that met their demands and health services accessibility⁽³⁾. For the multidisciplinary team to achieve the 90-90-90 targets and provide care to PLWHA, the health care networks must be guided by a line of specific care to this population and, to do so, knowledge about care management is necessary.

Thus, the concept of care management can be understood through its dimensions, namely: individual, family, professional, organizational, systemic, and societal. Presented as concentric circles, the central dimension is the individual, and the broader, involving the remaining circles, is the societal. These dimensions are interlinked as compartments, wrapped round each other⁽⁴⁾.

Considering that the care management is a complex and multidimensional arrangement, the perspective of networks is also evaluated. Health Care Networks (HCN) are organizational arrangements of health services, including the technological density, which, interlinked by support systems, seek to ensure comprehensive care. In HCN, the primary health care is structured as the main gateway of the system, which is composed of a multidisciplinary team that provides care to the entire population. The last protocols advocate the health care of the patient with HIV/AIDS integrated into HCN, which are guided by the line of care for PLWHA involving, in particular, the primary health care with the support of specialized health care, in a shared care⁽⁵⁻⁶⁾.

Such lines are powerful management tools for the reorganization of the work process, meeting the health needs of the population with comprehensiveness, operating in a systemic way, incorporated as something inherent to health services and with multidisciplinary interventions⁽⁷⁾.

OBJECTIVE

To understand the care sharing for people living with HIV/AIDS, especially young adults, and the structure of the line of care in municipality of Southern Brazil.

METHOD

Ethical aspects

The data presented were collected from a dissertation developed in the Graduate Program in Nursing at the Federal University of Santa Catarina. Complying with the ethical principles of human research of Resolution no. 466/2012 of the National Health Council, the study was approved by the Committee for Ethics in Research on Human Beings at the Federal University of Santa Catarina, following the ethical principles of autonomy, non-maleficence, beneficence, justice and privacy.

Type of study

Qualitative research with methodological contribution of Data-Based Theory (TFD). TFD seeks, based on the understanding of the phenomena emerged from interactions among people, to discover or create a theory, a set of systematically well-developed categories, interrelated through interactions and relations statements⁽⁸⁾.

Methodological procedures

As advocated by the method, the data collection and analysis occurred simultaneously. The data were collected from July to September 2017, with open and in-depth interviews, recorded with digital audio device and subsequently transcribed in full for the data analysis process. The selection of participants was purposeful, and they were invited to participate in the survey through telephone contact and/or by e-mail.

Study location

The study scenario was the Health Care Network in the capital of Santa Catarina, considered a priority municipality by the Ministry of Health regarding prevention and control measures.

Data source

Theoretical sampling had the participation of 19 professionals of HCN from priority municipality, distributed between two sample groups. The exclusion criterion comprised professionals who were not working, regardless of the cause, during the data collection period, which was closed after theoretical saturation, that is, the repetition of information and absence of new elements relevant to the research and understanding of the phenomenon.

Data collection and organization

Data collection was carried out in two steps: the first for characterization of the subject and the second for the semi-structured in-depth interview. The interviews occurred between July and September 2017, with an average duration of 30 minutes.

The interview began with a guiding question: "Tell me about the meaning of care management for you, in particular, the adherence to ART by young adults with HIV/AIDS." And, in the course of the interview, according to the specificity of each sample group, new questions were raised to meet the goal of the study.

The first sample group was composed of 14 professionals of two polyclinics of the municipality, four doctors, four nurses, four pharmacists and two coordinators with a background in Nursing. The data collected in this group highlighted the manager level in the Municipal Health Secretariat (MHS), as they showed a restructuring process of care to PLWHA with the implementation of the line of care that began at the organizational level through an ongoing pilot project in the municipality, which relates to the care sharing of PLWHA and young adults within the HCN of the municipality, where the doctors of FHS and the specialists in infectious disease were the main people involved at first.

The second group totaled five respondents. The group was composed of three professionals from strategic points of MHS: two doctors and a nurse, in addition to two more doctors of the Family Health Strategy (FHS).

Data analysis

For the data analysis process, the constant comparative method was used, in which the researcher compares the impact of the data, developing conceptual categories to understand the event. We used the NVivo® 10 software to contribute to the organization of data in the encoding process. The data analysis followed the three encoding steps submitted by Corbin and Strauss (2015), namely: open coding, axial coding and integration. Open coding is the phase of identification of concepts through the grouping into categories according to their similarities. Then there is the axial coding phase, in which the categories and subcategories are related to each other, seeking more in-depth explanation of the data. Finally, in the integration step, the categories are linked around a central category, in which the phenomenon emerged.

The paradigmatic model proposed by the authors was used to conduct the investigation and development of the theory. This is a schema for the organization and relationship of categories that helps with the organization of data systematically, collaborating with the manifestation of the phenomenon. The paradigm consists of the following components: conditions, actions-interactions and consequences⁽⁸⁾.

This study highlighted the phenomenon: "Understanding the care sharing of the person living with HIV/AIDS, especially young adults, based on the care management provided by the professionals of the Health Care Network."

RESULTS

The phenomenon of this study is supported by three components, according to the paradigmatic model: conditions, actions-interactions and consequences.

In the component *conditions*, one can find explanations of why, when, and how people respond to the phenomenon of the study. The first subcategory surveyed was "Replacing the Expert Assistance Service (EAS) in HIV/AIDS by another way of organizing services." In this subcategory, all professionals of the sample groups stated that the municipality did not work with the prospect of an EAS in HIV/AIDS anymore, and the assistance to this population was done with care sharing of PLWHA in HCN.

We do not work with the idea of EAS, as municipalities do. We see it differently. We find it more challenging, it's harder to organize, but it is more sustainable. (R15G2)

Changes in the line of care for PLWHA in the municipality aim to achieve the 90-90-90 targets, acknowledged by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Another subcategory highlighted in the step of paradigmatic model conditions was: "Acknowledging the 90-90-90 targets," in which the perception of some respondents appear regarding the need for compliance with this goal by 2020.

In the current health care model, the primary health care still develops its role, especially the first 90 of the target, working primarily in the provision of HIV diagnostics through a rapid test. However, it is still restructuring the line of care for PLWHA and for young adults, providing more autonomy so the primary health care can act in the three points of the 90-90-90 target.

Also, following the paradigmatic model for description of the phenomenon, we have the component *actions-interactions*, which corresponds to the response expressed by the people or groups to problematic situations that happened with them. In this step, we identify the subcategory "Acknowledging the measures to expand the access of PLWHA to health services."

The professionals of different sample groups reported that, in order to encourage adherence to anti-retroviral treatment by young adults with HIV/AIDS, it is necessary to provide access to this population, which was referred to by them as the availability of the professional to meet the demands of the patient when he/she needs.

First of all, I think they need to provide access. Access to appointments, resolution of doubts, to the evaluation of any side effects the patient may present. Only then we start to ensure patient compliance [...]. (R19G2)

Some respondents reported that, for the expansion of the access to the care of people with HIV/AIDS, especially young adults, it is necessary to direct the care of this population to primary health care. However, they proposed a shared network care. In this perspective, the primary and the secondary health care systems communicate to improve care management.

So, I think that taking the HIV to primary care is a way to direct what goes to the specialist, so the doctor can provide the shared care along with the primary care. (R16G2)

In addition to guiding the young adult with HIV/AIDS and the PLWHA to the primary care, it is necessary to recognize the needs of each individual and know the services available on the network, such as the Family Health Support Center (NASF).

So the professional in the Basic Health Unit (BHU) can take care of young adults with HIV/AIDS and other patients with this diagnosis, it is important to train the FHS teams, since, to provide a good health care, the professionals need to feel confident about their work.

[...] the training of professionals. Well, not everyone receives training, or has the ability to manage these patients. This is a point

that we have been working on the network, which is periodically the training of primary care professionals according to the access protocol. (R17G2)

Considering the secondary health care, some strategies are needed to improve the access of patients with HIV/AIDS. The public administrators and coordinators of polyclinics highlight the need to have, at least, a specialist in infectious disease, a Dispensing Unit of Medicine (UDM) and a Public Health Laboratory (LAMUF) in each polyclinic. The specialist in infectious disease and LAMUF are already present in the four polyclinics of the municipality; the current goal of MHS is to expand the distribution of ART, increasing the number of UDMs, which are located in only two polyclinics.

There's a whole project [...] of decentralization, for each polyclinic to have a specialist, a UDM and a LAMUF collection point. Thus, the patient stays connected with his/her Family Health Unit and close to the district in case specialized care is needed. (R13G1)

The expansion of rapid tests for HIV diagnosis has been achieved in the municipality, because all the basic health units offer the tests, which are applied by demand and conducted by the qualified nursing team for the development of the procedure. This measure reaches directly the first 90 of the 90-90-90 targets.

With the indication of ART for all patients, regardless of the CD4 count, we identified the need for decentralizing health care. Thus, in the municipality, a pilot project was created to include PLWHA and young adults with HIV/AIDS in the HCN, considering the primary health care as the articulator of the care provided to the patient.

The pilot project proposed by the MHS began with discussions about the access protocol used by the municipality, together with experts and with the primary health care at central level. A survey conducted with the basic units that had an interest in participating in the project identified that almost half of the network had at least one doctor of FHS in its unit, who was already managing care, i.e. the anti-retroviral therapy had already started. Thus, this group of professionals interested in the management of PLWHA and young adults was gathered, and a pilot project began in the municipality. The doctors of FHS, along with the specialists, were brought together to work on the access protocol for PLWHA. These professionals began to participate in the matrix support.

The matrix support is the contact between professionals of primary and secondary health care. It occurs institutionally through the exchange of information by e-mail between FHS and specialists. There is a range among the specialists, in which each one has an appointment to meet the demands of the matrix. In addition to e-mail communication, in some cases the guidance occurs via WhatsApp. The response in the e-mail matrix is made so the doctor of the FHS receives an assessment of the case, and this same response is also registered in the patient's record (Infosaúde).

[...] We created a matrix support service via institutional e-mail, so that these teams can consult the specialist to solve doubts and forward those cases that have an indication, a criterion. (R17G2)

In the new health care model for PLWHA adopted by the municipality, which is common to all age groups, the care of the patients

is shared within the HCN. For the sharing to be efficient and effective, a good reference and counter-reference system is needed. The referencing goes according to the access protocol, having the matrix support when necessary. The return of this patient to the FHS team is not as frequent yet, because this is a recent project in the municipality. Respondents reported that the counter-reference is registered in the electronic patient record, called Infosaúde, as this is common in different points of the municipal HCN, facilitating the return to the professionals. This way, they understood the importance of a good record of the appointment and treatment plan so the doctor of FHS can be guided.

In the paradigmatic model, the last component to understand the phenomenon are the *consequences*, which refer to the expected or real results raised by study subjects. As subcategory included in this component, we have "Resignifying the adherence and relevance of shared care for PLWHA in priority municipality of Southern Brazil." With the number of new cases of people with HIV, the public administrators feel the need for primary health care to treat this population, considering that the FHS team must work with more frequent health problems and that, currently, we live an epidemic of HIV.

The primary health care is responsible for the most frequent health problems of its population, if HIV is one of the most frequent problems of our population, so that is the responsibility of primary health care. (R15G2)

The direction of the care of the person with HIV to primary health care, including young adults, seeks to contextualize the individual in his/her life and social context. When we talk about the subject, we are talking about family and community. Thus, the care of the FHS team can, for being strategically inserted in the territory, understand the life situation of the subjects from its area. It is important that the primary health care team establish trust with its patients, making the follow-up easier.

When we approach the patient to the primary health care, we're also thinking about a larger set of actions involving this subject, the family and the context he/she lives [...] we're taking this person to his/her reality. (R17G2)

Another consequence of these changes is the subcategory "Understanding the restructuring of the line of care for PLWHA in the municipality and its expansion." In this item, we observed that professionals understood the change in the line of care for PLWHA and believed that it is necessary to improve the care provided to patients from the municipality. This network service is seen as more sustainable, but it requires a guiding principle, acknowledged by interviewees as the line of care. The change that is occurring in relation to the care of PLWHA is not the focus of this study, which are young adults, but it reflects intensely in the care of this population.

It is a strategy of appropriation of HIV care, throughout this network, which needs to be interconnected. So, we're in the process of restructuring the communication among the different professionals who are part of this care, which ends up being promising, to actually create a line of care, give an assistance. (R15G2)

Finally, the last subcategory mentioned as a consequence was: "Decentralizing the care for different levels of attention." The municipality is conquering a new strategy of care for the person living with HIV/AIDS. With all the restructuring process of the line of care for PLWHA and with this ongoing pilot project, professionals can recognize the improvements that have already been made. Through the accounts of the interviewees we understand that an evaluation and restructuring process is taking place concurrently with the development of the project, which enables the necessary adjustments.

Thinking of the changes implemented in the treatment of this population, the increase in the number of cases and the secrecy of these patients, the public administrators at MHS level identified the need to act in all HCN. Based on this understanding, the municipality has been going through a process of decentralization and care sharing in HCN, focusing on the redirection of care for PLWHA to the primary health care, with the rearguard of NASF, and secondary health care via matrix support and reference, improving access and comprehensiveness of the actions.

DISCUSSION

The findings of this study show the importance of care sharing for the person living with HIV/AIDS and the restructuring of the line of care for this population. Our challenge is to change the health care model for PLWHA, the specialized services, such as EAS for the other points of the network, in particular the primary health care. As a result of the progress of care for PLWHA and the simplification of anti-retroviral treatment, HIV infection is now considered a chronic condition, and the model focused solely on specialist services began to fail. Therefore, since 2014, the Ministry of Health has been encouraging the sharing of the care management of people with HIV between the primary and secondary health care⁽¹⁾.

A study on the health care of children and adolescents with HIV, held in Santa Maria, Rio Grande do Sul, shows the importance of decentralization of care for PLWHA and compares the quality of care among the types of network services. It reinforces the need to expand the communication between the different levels of care and the municipal service, highlighting the need for primary health care to be recognized as a space that promotes the health of children and adolescents with HIV⁽⁹⁾.

Another study from Porto Alegre recognizes the importance of the Primary Health Care (PHC) in the access to HIV diagnosis, identifying convergences and divergences in the health policies of the tests conducted in PHC. The convergences include the provision to the patients of the access to diagnosis and prevention in service around their residence. The divergences include tensions about stigma and sexuality, constraining the access to the health unit⁽¹⁰⁾.

A review of the scientific literature on health services accessibility in Brazil⁽¹¹⁾ introduces the concept of access as a social construct, multidimensional, being determined by the sociocultural context that shapes the health needs⁽¹²⁾. In this sense, in the discussion regarding the relationship between access and decentralization of services, through a systemic view of the practice in HCN, the network connectivity issue must be considered in order to provide access to the population⁽¹¹⁾.

A study carried out in order to understand how people with HIV/AIDS manage their care and prospects of integration of care found that people choose the location to receive the care by the easy access, not necessarily considering the distance between home and the health service as a determinant criterion, being acknowledged the multidimensional understanding of access⁽¹³⁾.

Health care networks are "polyarchic" organizations that act without hierarchy between the points of care, providing continuous care between the levels of assistance, with the primary health care having the role of network coordinator. The work of HCN aims to organize the health care in the form of integrated systems that meet the health needs of the population. It is in the different points of the network that we can expand and facilitate the access of the population to health services⁽⁶⁾.

For the multidisciplinary team to achieve the 90-90-90 targets and provide quality care to PLWHA, the health care networks must be guided by a line of specific care to this population and, to do so, it adopts care management measures. The accounts of the respondents report the different levels of management, allowing us to identify their role within the HCN.

Care management, in its multiple dimensions (individual, family, organizational, professional, systemic, and societal), is the provision of health technologies according to the requirements of each subject, seeking to provide welfare, autonomy and safety in different stages of life. Arranged in concentric circles, interlinked with each other during the care, the central dimension is the individual and the dimension that includes all other circles/dimensions is the societal⁽⁴⁾. Thus, it tries to meet all the dimensions of care.

Considering the multidimensional concept of the care management proposed⁽⁴⁾ and the multidimensional conception of access⁽¹²⁾, the issue of care networks and shared care in HIV/AIDS is discussed with a critical eye on the complex thinking proposed by Edgar Morin. Complexity brings the understanding that the whole is not reducible to the parties. The specialization and individualization are two antagonistic and complementary needs. Thus, we understand that the knowledge of the parties depends on the knowledge of the whole and that the knowledge of the whole depends on the knowledge of the parties. The complex thinking articulates what has been separated to try and understand the multidimensionality, that human beings are plural and integral, but also singular, with their own locality and temporality and, so we never forget, their inclusive totality. The complex thinking is the one that recognizes the multidimensional phenomena considering the whole and the parts, instead of isolating each dimension⁽¹⁴⁾. Concepts that are important in the implementation of the lines of care, involving multiple relationships and interactions.

In this perspective, the networks have been proposed to deal with complex projects and processes of management and health care, where there is interaction of different actors and the demand increases due to the expansion of access to public health services and participation of the society.

It is believed that the FHS team can recognize the needs of its patients and take advantage of other features and services available on the primary health care, such as the NASF, which is considered the support of the FHS, as they work together as a multidisciplinary team within the HCN, sharing knowledge and

health practices in the daily work in each territory, offering a more comprehensive care to PLWHA, linked to the primary health care⁽¹⁵⁾.

A qualitative study carried out in Porto Alegre on the decentralization process of diagnosing HIV and monitoring of people living with HIV/AIDS for primary health care – with focus groups supported by teams of a basic health unit – brings reports of a pilot project conducted and concludes that the implementation of sharing of PLWHA in HCN has better conditions to occur under the perspective of co-responsibility, rather than transferring responsibility among professionals. This fact is also identified in our study, in which we notice, through the accounts of the interviewees, the care sharing and co-responsibility for the different subjects involved⁽¹⁶⁾.

The results of the abovementioned study corroborate with the findings of our study, as they bring the implementation of a pilot project similar to that of the capital of Santa Catarina. Their results show some difficulties and factors that promote the decentralization of care for PLWHA and this may contribute to future phases of such action in the capital of Santa Catarina⁽¹⁶⁾.

According to the Ministry of Health, five steps were outlined for the implementation of the management of HIV infection in the primary health care. First, it is necessary to establish means of risk classification, that is, which people with HIV will be moved to the primary health care and which should be directed for follow-up in the secondary health care⁽¹⁷⁾. We observed that the municipality created an access protocol defining which patients can be seen at the FHS and which must receive a specialized care.

The second step is the qualification of professionals for the management of HIV infection, also identified with trainings and meetings with professionals participating in the pilot project that directs the care of PLWHA to the primary care. The third step refers to the technical support to employees, because it is important that the health professional has the support from others with experience in the management of HIV infection⁽¹⁷⁾. In the municipality, the main support of the professional of primary health care is through the matrix.

The fourth step is that, besides the rapid tests for HIV diagnosis and basic tests, the Health Units must provide access to CD4 and Viral Load tests (VL)⁽¹⁷⁾. A study was conducted in Fortaleza, from 2012 to 2014, and it describes the perception of female sex workers about access to rapid HIV test in primary health care. The authors identify in their results that advances in the early diagnosis of HIV have been achieved; however, they bring the need to expand the coverage of HIV testing, especially considering the achievements established in relation to anti-retroviral drugs. They realize that, even with the advances relating to the provision of rapid tests in the primary health care, these tests are still being carried out, mainly in targeted prenatal testing⁽¹⁸⁾. In the study site, the rapid test can be taken both in BHU and TCC, and doctors of FHS have been encouraging the inclusion of rapid test as routine, especially for the population of young adults. The municipality also has LAMUF in all polyclinics, for VL and CD4 testing.

Some important factors to monitor the adherence to anti-retroviral treatment and the infection are: consulting the patient's record, CD4+ and viral load count and withdrawal of medication at UDM⁽¹⁹⁾.

The fifth step of the primer of the Ministry of Health addresses the feasibility of access to anti-retroviral drugs⁽¹⁷⁾. The latest Brazilian protocol and the previous one recommend that ART should be

stimulated to all PLWHA because, in addition to the likely favorable clinical impact, its early start is important for reducing the transmission⁽²⁰⁾. Only two UDMs for dispensation of anti-retroviral drugs were active in the municipality studied. An expansion is planned, and it aims to add one UDM to each polyclinic.

Corroborating with this research, in comparative study 2007/2010 in SUS, researchers have identified that the ability of primary health care to manage the care of patients and create mechanisms and dialogue with the specialized services of HCN has been a failure, interfering negatively in the care of the patients. In this same survey, the research projects identified the importance of computerized systems as tools to support the care management, allowing the gathering of clinical data for query in different points of HCN, but even though computerized reservation systems – such as the electronic record – are used in various industries, they recognized the fragility of records, which interfere with patient care⁽²¹⁾.

Finally, an item that stood out in the account of the professionals in this study was the bond developed as a way of establishing a line of care in HIV/AIDS. We can define this bond as something that brings people together, providing a more effective approach between professional and patient and strengthening their relationship. Strengthening the bond between the FHS team and the patient is extremely important, because it favors the provision of care through a relationship of trust and shared commitment. In this study, bonding also appears as a keyword for the care, mentioned by the professionals in the interviews, providing better adherence of the patient with HIV/AIDS to ART. It is through the professional-patient relationship and professional-professional relationship that the care sharing is established. The actions-interactions enable the access to health care by the person living with HIV/AIDS⁽²²⁻²³⁾.

Study limitations

The limitation of this study is the low number of references for discussion related to the care for PLWHA and young adults in primary health care. The literature found on the subject is still limited to official materials produced by the Ministry of Health.

Contributions to the field of Nursing, Health, or Public Policy

We highlight the importance of the results presented in this study, which is considered as a breakthrough in the comprehensive care for people with HIV/AIDS in the health care network and responds to the concerns of the Ministry of Health with the implementation of a new assistance model. We believe that this investigation can stimulate other researchers to study such a subject, which is seen by the Ministry of Health as one of the main strategies for the care and encouragement to adherence to ART by people living with HIV/AIDS. We reiterate the importance of further studies on this theme.

FINAL CONSIDERATIONS

The results of this study respond to our objective, allowing the understanding of care sharing for people living with HIV/AIDS, especially for young adults, as well as the structuring of a line of

care in a priority municipality of Southern Brazil. We noticed that participants found it difficult to recognize these actions related specifically to young adults, as they mentioned that the structuring of the line of care of PLWHA includes the entire life cycle. However, the health indicators still show a significant increase in new cases among this population.

The understanding of the relevance of care sharing for people living with HIV/AIDS and of the restructuring of the line of care for this population clarified the importance of networking in order to achieve the 90-90-90 targets by 2020.

During the study, the municipality was transitioning from the health care model for PLWHA. The health care of this population, which was focused on EAS, with the changes in the guidelines proposed by the Ministry of Health for the care of PLWHA and with the increase in the number of new cases in the municipality, demands a need for the restructuring of the health care model. The new model includes the management of HIV in all primary

health care services of the Network, concurrently with the establishment of a more resolute matrix support model. Thus, the care of the person living with HIV begins to be shared within the different points of HCN.

Since the discovery of HIV, there was a movement for humanization in the provision of health care, but the teams have to advance in the reception process and facilitate the access to health services. In this humanization process, the importance of developing a bond between health professionals and patients is recognized, which is a possibility to improve the quality of the care provided to PLWHA and young adults receiving treatment, seeking a more comprehensive, multidimensional and complex perception of care.

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