Home-Based Care: A Modern Approach to Fight Against Acquired Immune Deficiency Syndrome in Iran

Dear Editor,

More recently, the model of care for People Living With HIV (PLWH) has shifted from hospital-based care to Home-Based Care (HBC) due to the upsurge number of patients, inconsistencies between the number of patients and qualified staff, lack of space, and increasing hospital expenses.[1] Based on the evidence, HBC approach to Human Immunodeficiency Virus (HIV), in addition to promoting community members’ participation and empowering patients and their families leads to a strong referral system between the community and the healthcare centers and also promotes positive health outcomes and increase community resilience to the disease.[2,3] However, the delivery of HBC encounters many challenges such as inadequate funding, nondisclosure of disease and trust in service providers, the feminization of care as well as the risk of HIV transmission to caregivers, and absence of awareness and competence in staffs.[4] To establish HBC, the government should initially approve the issue of care as a priority requirement, encourage the gender-sensitive approaches to care, and ensure that HBC staffs know about their profession and have the necessary credit and support. Similarly, a system should be established for recording quality control measures, job security, and better administration programs.[2,4] HBC plays a key role in the care of PLWH despite its enormous challenges. Therefore, the idea of developing an alternative approach for providing healthcare for PLWH at home is inevitable for Iran’s sociocultural and economic status. Extending HBC can eliminate the constraints on the financial, human, and physical infrastructures of the health system which further leads to the lack of regular referral of patients and their affected relatives to receive care. Moreover, it will lead to the promotion of community participation which is one of the important and not well-implemented principles of primary healthcare in Iran. In this regard, by providing the necessary infrastructures needed to implement HBC, cost-effective and highest satisfaction actions can be planned to achieve success in the fight against HIV. Considering the challenges of HBC, the emerging evidence suggests its planning, implementation, and sustainability, as well as budget allocation in agenda-setting in Iran. It is recommended that qualitative and quantitative studies must be carried out to understand the challenges and opportunities needed to deploy this approach in the context of HIV.

Financial support and sponsorship

Research Deputy of Mashhad University of Medical Sciences, Mashhad, Iran

Conflicts of interest

Nothing to declare.

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Access this article online

Quick Response Code:
Website: www.ijnmrjournal.net
DOI: 10.4103/ijnmr.IJNMR_260_19

How to cite this article: Larki M, Latifnejad-Roudsari R, Bahri N, Moghri J. Home-based care: A modern approach to fight against acquired immune deficiency syndrome in Iran. Iranian J Nursing Midwifery Res 2020;25:263.


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