

**AIDS  
2020**



**23RD INTERNATIONAL AIDS CONFERENCE**

**VIRTUAL**

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# Differentiated service delivery (DSD) in 2020

Responding to the needs of people  
living with HIV before, during and after  
COVID-19

Introduction

Dr Anna Grimsrud, International AIDS Society

**Differentiated service delivery (DSD)**, or differentiated care, is a **client-centred** approach. It **simplifies and adapts** HIV services across the **cascade** of HIV care to **reflect the preferences and expectations** of various groups of people living with or at risk of acquiring HIV while **reducing unnecessary burdens** on the health system.

# DSD

Updates on progress before COVID-19

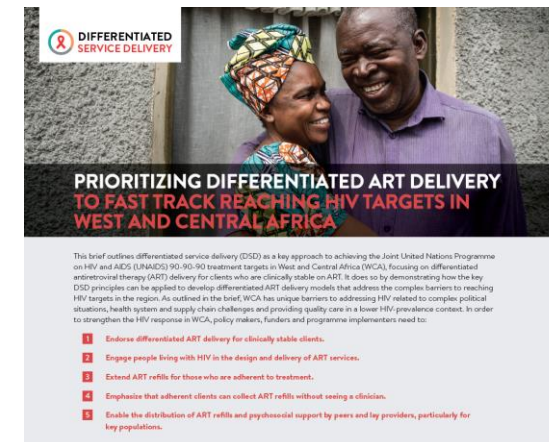


# DSD progress before COVID-19

- Increasing support from countries, including in West and Central Africa



Consultation on Differentiated ART delivery in West and Central Africa, May 2019



## HIV IN WEST AND CENTRAL AFRICA

Major progress has been made globally to move towards the UNAIDS 90-90-90 targets by 2020, with several countries in East and southern Africa close to epidemic control. In WCA, the response is lagging behind other regions. The region accounts for 21% of the world's new HIV infections and 30% of global AIDS-related deaths. Within the region, ART coverage varies hugely, from 30% in the Democratic Republic of the Congo (DRC) to 82% in Burundi [1].

In 2016, UNAIDS launched a WCA catch-up plan to set the 25 countries in the region on the fast track to achieving the 90-90-90 targets by 2020 [2]. Barriers to scale up in this

region remain complex. The lack of political commitment and funding, high levels of stigma, and health systems prioritizing services associated with user fees work together to deprive effective resource allocation and focused management of the HIV epidemic. Planning HIV service delivery in these contexts poses specific challenges. Within the WCA region, there are low- and high-prevalence settings and, within a country, prevalence can vary dramatically from region to region and by population. Providing HIV care within weak health systems that are often struggling in situations of post or active conflict or recovering from the Ebola epidemic adds further complexity.

## DIFFERENTIATED ART DELIVERY

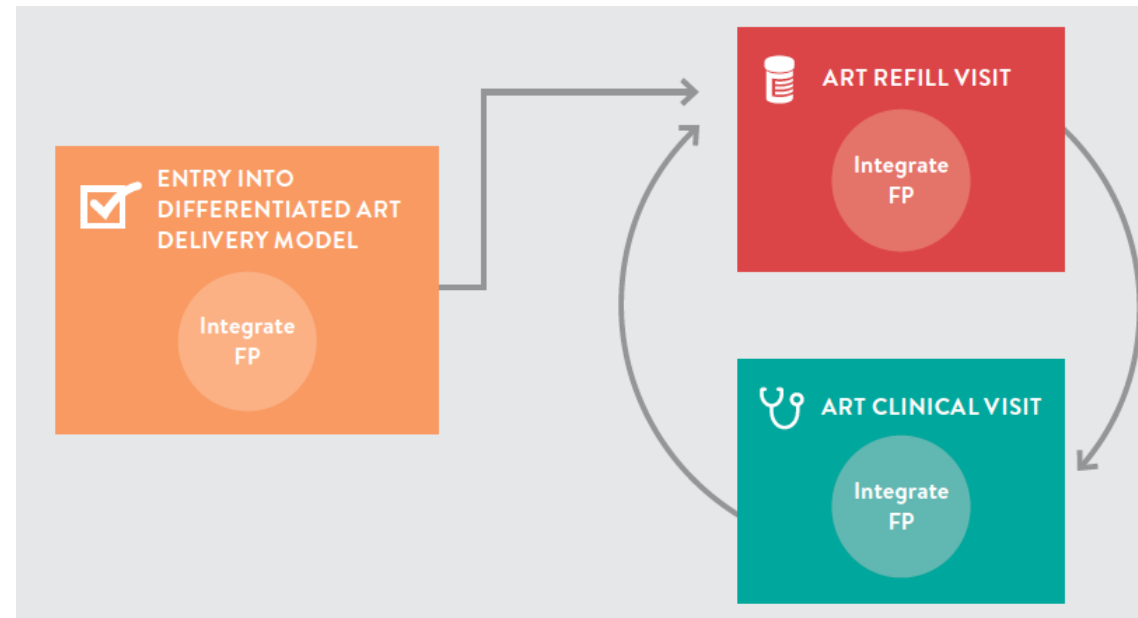
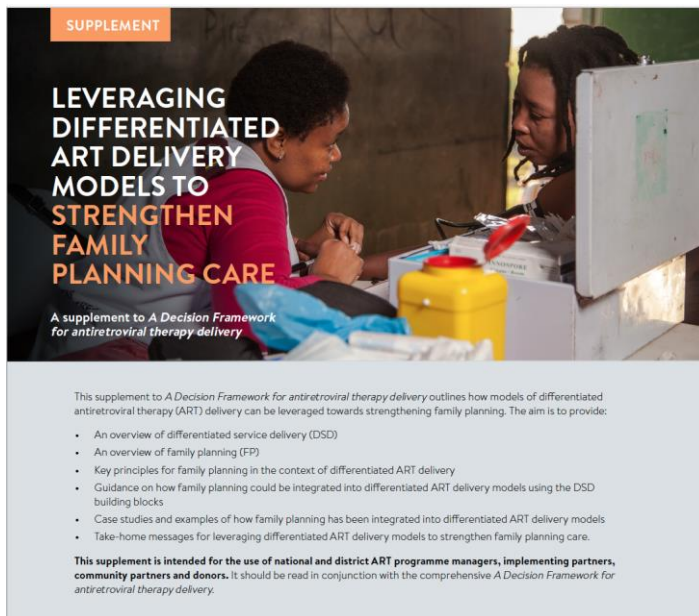
DSD is centred on providing client-centred care that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with and vulnerable to HIV while reducing the burden on health systems (Figure 1) [3]. DSD also applies beyond the treatment cascade to include

prevention. Differentiated ART delivery specifically focuses on differentiating service provision to clients already on ART. This approach is strategic for the HIV response in WCA where due to lower prevalence, people living with HIV are widely and unevenly distributed, making it difficult and inefficient to provide comprehensive fully decentralized ART services.

“Prioritizing differentiated ART delivery to fast track reaching HIV targets in West and Central Africa”

# DSD progress before COVID-19

- Increasing support from countries, including in West and Central Africa
- Shifts towards expansion of services, including TB preventive therapy and contraceptive care



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- Shifts towards expansion of services, including TB preventive therapy and contraceptive care
- Expansion in the number of clients and models offered
- Reconsideration of eligibility criteria
- Push for family-centered care

THE LANCET  
HIV



From 2012 to 2018, global antiretroviral therapy (ART) coverage for

[https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(19\)30235-8/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30235-8/fulltext)



# DSD progress before COVID-19

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- Shifts towards expansion of services, including TB preventive therapy and contraceptive care
- Expansion in the number of clients and models offered
- Reconsideration of eligibility criteria
- Push for family-centered care
- Expansion of drop-in-centres and community-pharmacies, including for key populations
- Endorsed and support by global agencies



Figure 1: Five key investment principles for the 2020-2022 allocation period



[https://www.theglobalfund.org/media/4765/core\\_hiv\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf)



# DSD

COVID-19 challenges and opportunities

# Precedent for accelerating access and adapting DSD models in emergency contexts

- **Ebola outbreak** (2014-2015)
  - Guinea - 6 month ART refills
  - Sierra Leone - peers collected ART refills and delivered at homes/community meeting points
- **Armed conflict**
  - Central African Republic (2015) - 6 month ART refills by lay healthcare workers
  - Mozambique (2019) - mobile clinics provided 3 month ART refills in vulnerable communities



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# DSD provides necessary tools to limit PLHIV exposure to SARS-CoV-2 co-infection while accessing ongoing care and treatment



# Expanding access to DSD

## > Limit need to attend health facilities

- Enrolling all remaining stable PLHIV in DSD models – focus on out-of-facility models
- Reducing eligibility criteria further to ensure more PLHIV qualify as stable and can utilize DSD models
- Increasing ART refill length for all PLHIV (both unstable and stable PLHIV) – for stable PLHIV the longest refill possible
- Extending scripts to limit need to return for a new script (ensure sufficient ART to cover COVID-19 peaks and facility closures)

# Adapting DSD models

> Shortest possible interaction with single service provider

- **Facility-based models:**

- Triage PLHIV with COVID-19 symptoms and provide ART refill in separate area
- Relocate ART refill collection to outside facility premises/facility building
- Extend and stagger collection times

- **Community-based models:**

- More collection points – greater geographical coverage to limit need to use public transport
- Extend and stagger collection times
- Group support transitioned to virtual



# Today's presenters

- **KENYA**

- **DSD in Kenya's HIV programme before and during COVID-19**, Dr Catherine Ngugi, *National AIDS and STI Control Programme*
- **Scaling up DSD in Kenya during COVID-19**, Dr Paul Wekesa, *Centre for Health Solutions*

- **CAPE TOWN, SOUTH AFRICA**

- **Scale up and adaption of City of Cape Town Clubs**, Dr Beth Harley, *City of Cape Town*

- **SIERRA LEONE**

- **Utilizing the Network of HIV Positives in Sierra Leone (NETHIPS) for DSD during COVID-19**, Idrissa Songo, *NETHIPS*
- **Prioritized DSD implementation in Sierra Leone due to COVID-19**, Dr Alren Vandy, *National AIDS Control Programme*

**Learning from and beyond COVID-19 for DSD**,  
Lynne Wilkinson, *International AIDS Society*

