

**AIDS
2020**

23RD INTERNATIONAL AIDS CONFERENCE

VIRTUAL

6 - 10 JULY 2020

Differentiated service delivery (DSD) in 2020

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

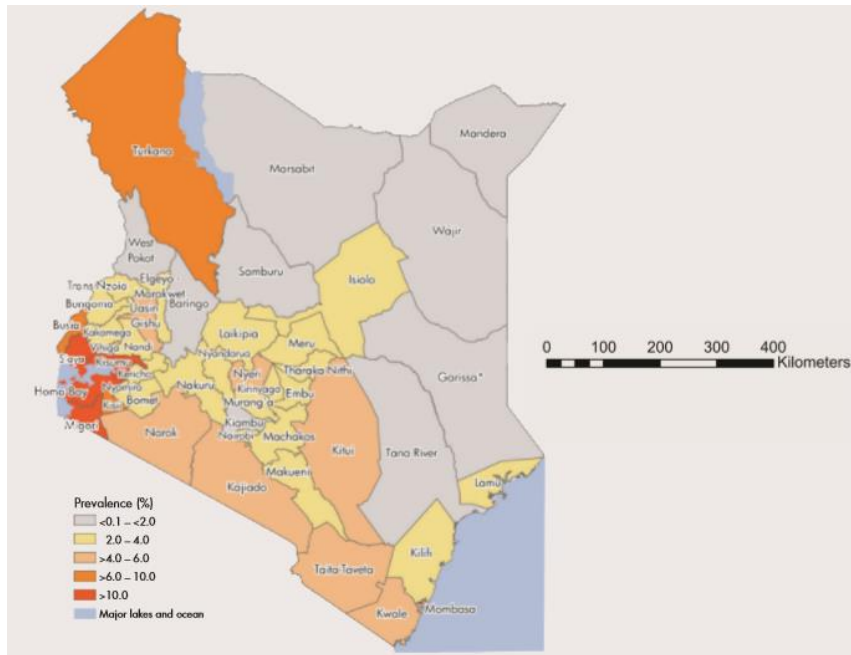
DSD in Kenya's HIV Programme before and during COVID-19

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Ministry of Health, Kenya



Background

- Total Population: 47,564, 296
- People Living with HIV
 - Adults: 1,401,762
 - Children: 106,820
- HIV Prevalence: 4.4%
- On ART
 - Adults: 1,087, 511
 - Children: 72,968



(2020 Estimates)

DSD: Kenya's Journey

2016: Policy Framework:
DSD inclusion in the
ART Guidelines

2017: Country DC
Operational Guidelines,
Scale Up

2018: Revised ART Guidelines



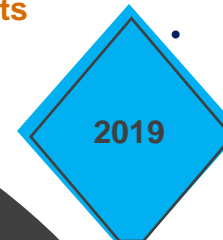
Recognition of patient-
centered models



Scale up at 10% of
eligible patients.
Focus on facility-
based models



Scale Up at 20% of
eligible patients.
3MMD, CAGs. Further
Expansion of models
for different
populations including
adolescents, children,
unstable clients



2019/2020: Revision of
ART guidelines, DC
Operational Guide

- Scale Up at 60% of eligible patients. ~ 350,000 on a form of DSD Model (majority being MMD)
- Scale up of DSD for children and adolescents
- Considerations for models for Key Pop.
- Review of M/E systems; leverage on EMR, Private sector engagement framework for ART dispensing from private pharmacies

DSD Models In Kenya Pre-COVID Period



Stable Client Models - Facility

- Fast Track
- MMD
- Facility ART Distribution Group



Stable Client Models - Community

- Peer-led CAGs
- HCW-led CAGs



Population specific Models

- Family model (children)
- Weekend Clinics (adolescents)
- DICes (Key Populations)
- Male ART Adherence Clinics

Models for unstable clients

- Viremia clinics

Key Adaptations for DSD during COVID-19 in Kenya

Ensuring continued access in Kenya during COVID-19



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Ref: MOH/NASCOP/C&T/012

Date: 24th March 2020

NATIONAL AIDS & STI CONTROL PROGRAM
Kenyatta National Hospital Grounds
P.O. Box 19361- 00202
NAIROBI

To: All County Executive Committee Members of Health

Dear All

RE: COVID-19 GUIDANCE ON COMPREHENSIVE HIV SERVICE DELIVERY

3. ART CONTINUITY OF CARE & TREATMENT

Plans should be made to fully support continuity of ART care & treatment while at the same time minimizing the risk of exposure of COVID-19 to both service providers and beneficiaries of care and treatment. To **reduce clinic attendance and drug pickup frequencies**, the following measures are recommended;

- a) Up to 3 multi-month dispensing (3-MMD) of ARVs should be considered for ALL PLHIVs regardless of age and viral load status. This should be based on assessment of patient needs and availability of adequate ARV stocks at the facility. Adequate client education and adherence support as per current guidelines should be provided before medication dispensing.

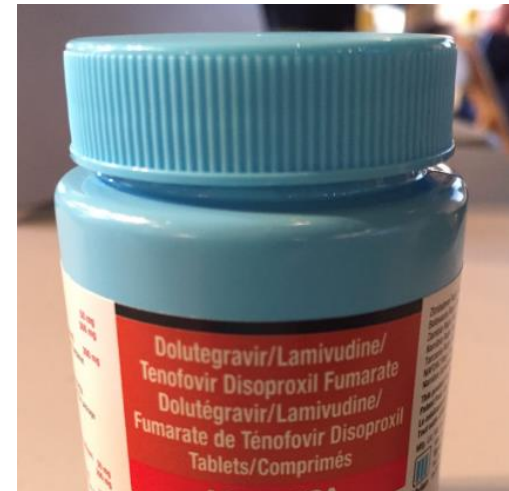
Note: This applies ONLY during this time as we try to minimize the COVID-19 risk of transmission.

- 1st case of COVID-19 reported in Kenya on 13 March 2020
- On 24 March 2020, the Ministry of Health-NASCOP released a circular guidance on HIV/STIs Prevention, Care, treatment and support, and SI
- In regard to HIV care and treatment services the following were the objectives;
 - Minimize disruption of HIV and STISs services especially, ART services during COVID-19 period
 - Decongestion of facilities/clinics
 - Minimize the risk of COVID-19 transmission amongst health care workers and patients

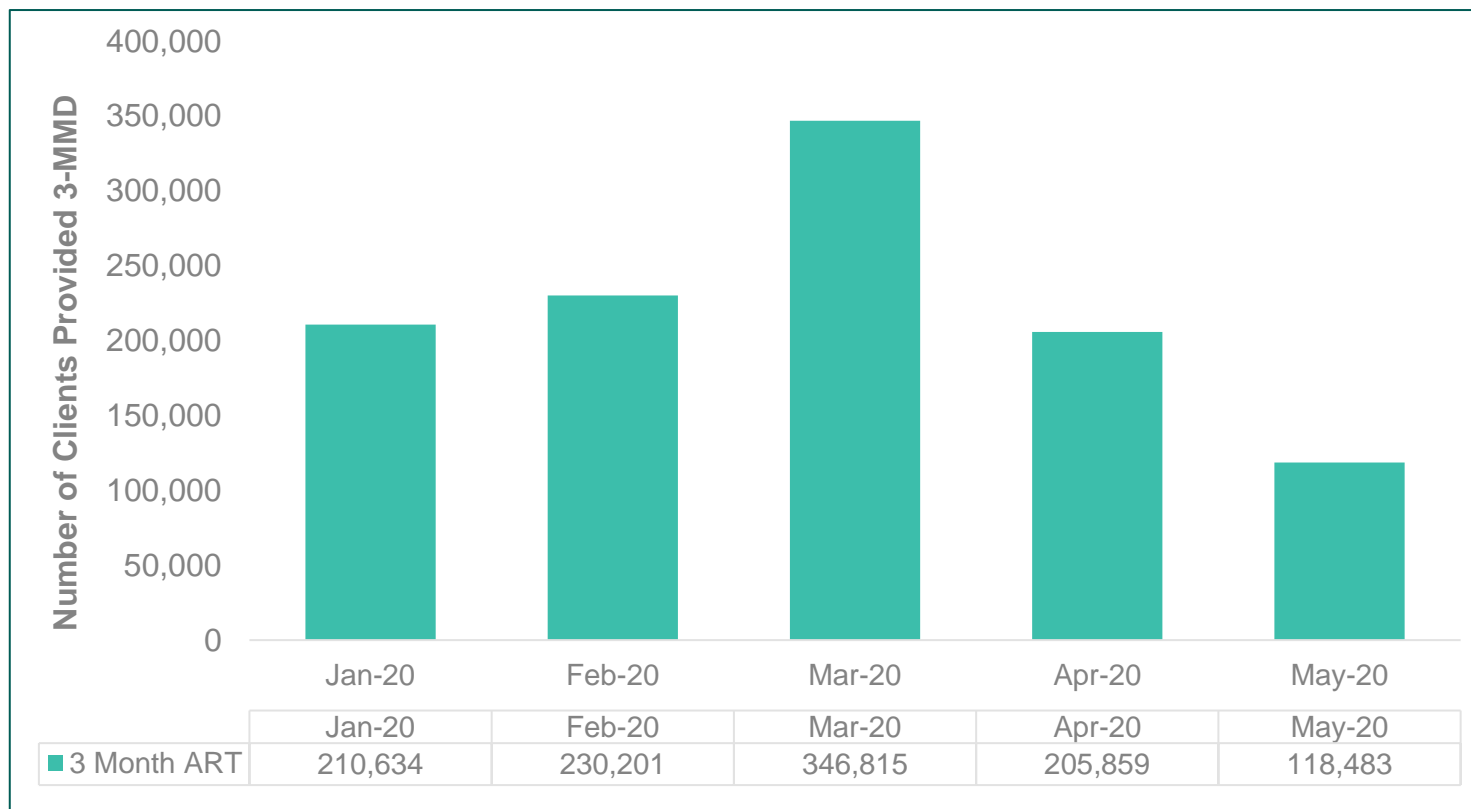
Key DSD adaptations during COVID-19

3 months of ART (3MMD)

- Assessment of HIV/STIs commodities at the facilities, national warehouses and supply pipeline was key in informing the decision of MMD
- **Criteria for eligibility for 3MMD expanded beyond stable clients**
- **All** PLHIV receive 3 month of ART (3MMD) regardless of previous viral load status
- Facilities were supported to conduct active recalls of clients during the initial period to receive 3-month ART refill
- National program has ensured availability of 4-month buffer stock of ART at the facilities during the COVID-19 period to minimize stock-outs



3-MMD Trends, Kenya Jan - May 2020



- Increased number of clients provided 3-MMD in March following MoH-NASCOP guidance

Data from Kenya EMR NDWH

Promotion of community ART groups (CAGs)

- Some of the COVID-19 containment measures by the Government of Kenya ; restriction of movement in and out of Counties, erection of police roadblocks, curfew
- CAGs have been scaled up during the period to ensure ease access to ART by clients, decongest facilities
- Community distribution of ART includes; TPT, septrin, oral contraceptives
- Facilitation of passes to enable movement in across restricted boarder points to peers, health care workers, community volunteers to conduct distribution of ART to CAGs
- Home distribution of ART for clients unable to access facilities in 'lockdown' Counties



Additional practices in Kenya during COVID-19

- Scale up of HIV Self Testing Services
- Scale up of *Ushauri* (SMS adherence support) for clients at home - a bidirectional patient support mobile platform
- Strengthening inter-facility linkages to enable access of ART from any other facility during the COVID-19 period
- Adaptation of models for key populations including mobile of condoms, PreP, MAT
- National program virtual coordination of Virtual coordination of HIV services; meetings with County Coordinators, stakeholders, technical working groups



Lessons learnt, next steps

- Restrictions of movement resulting from COVID-19 containment measures necessitate innovations/multisectoral collaborations to ensure continued access to treatment
- There is further need to review the models for community distribution of ART to address all the needs of including lab monitoring, FP and treatment for other NCDs, collection of viral load
- Further review of DSD M/E tools is important adoptions of models during COVID-19 and beyond
- Need to sustain momentum for DSD, further scale up of models beyond COVID-19
- Review the guidance given in March 2020 on HIV and STIs; prevention, care and treatment, and strategic information

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Thanks