Differentiated service delivery for HIV treatment: Updated WHO recommendations and implementation in Africa

ICASA 2021

Baker Bakashaba
TASO, Uganda

IAS

Speakers

Baker Bakashaba
TASO
Uganda

Billy Doroux Aristide Charles
World Health Organization
Switzerland

Anna Grimsrud
IAS – the International AIDS Society
South Africa

Musa Manganye
National Department of Health
South Africa

Lynne Wilkinson
IAS
South Africa

Helen Bygrave
IAS
United Kingdom

Nyonuku Akosua Baddoo
National AIDS Control Programme
Ghana

IAS

Today's agenda

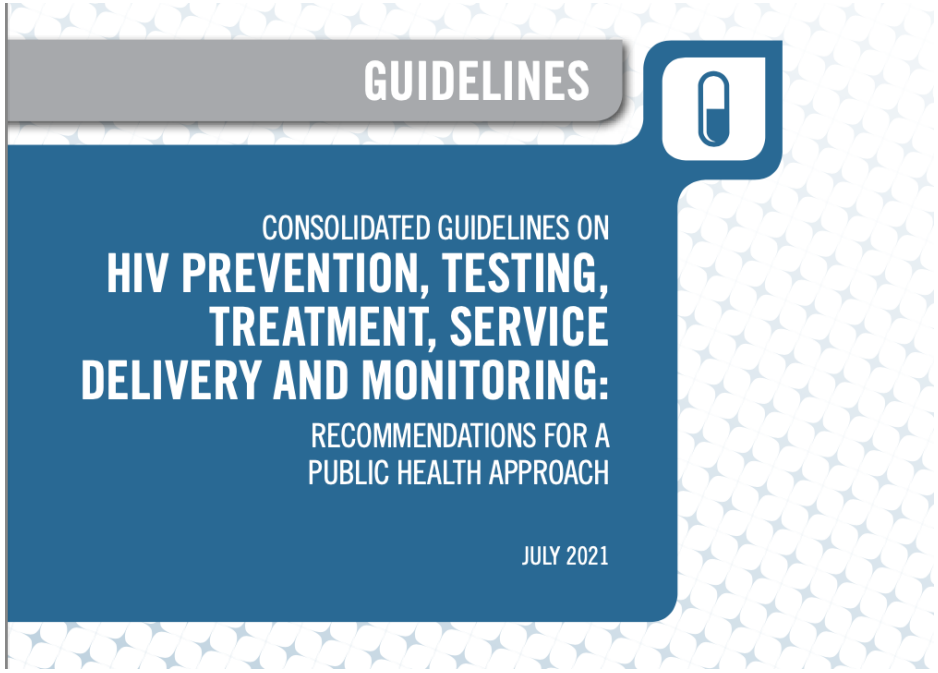
WELCOME/INTRODUCTION (5 mins) – Baker Bakashaba, The AIDS Support Organization (TASO), Uganda

PRESENTATIONS (40 mins)

- **The updated WHO criteria for established on ART**, Billy Doroux Aristide Charles, World Health Organization (WHO), Switzerland
- **Supporting choice for women living with HIV in DSD models during their pregnancy and postpartum**, Anna Grimsrud, IAS - International AIDS Society, South Africa
- **How South Africa is supporting re-engagement and accelerating access back to DSD models** – Musa Manganye, National Department of Health, South Africa and Lynne Wilkinson, International AIDS Society, South Africa
- **DSD for HIV treatment – opportunities for integration** – Helen Bygrave, International AIDS Society, UK
- **Updating Ghana's national HIV service delivery guidance** – Nyonuku Akosua Baddoo, National AIDS Control Program, Ghana

Service Delivery and Differentiated Service Delivery for HIV treatment recommendations

World Health Organization

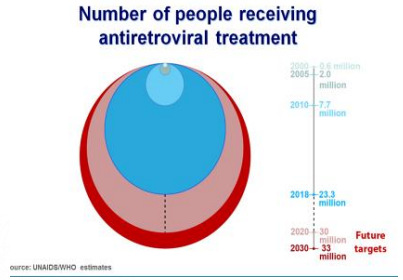


The updated WHO criteria for established on ART

Doroux Aristide Charles BILLY (DSD SI WCA – ART and AHD) - Global HIV, Hepatitis, STIs Programmes - World Health Organization

From 200,000 to 27.5m PLHIV on ART in 20 years? Evolution of WHO Global ARV Treatment Recommendations

World Health Organization



2000-2002
Pre-Global Response

2003-2005
3 by 5 Initiative
Global Emergency

2006
Public Health Approach

2010
Treatment Optimization
Txt 2.0
CADO-1

2013
15 by 15
Treat almost All
CADO-2

2015
Treat All
90-90-90
20 by 20
PrEP
PADO-1

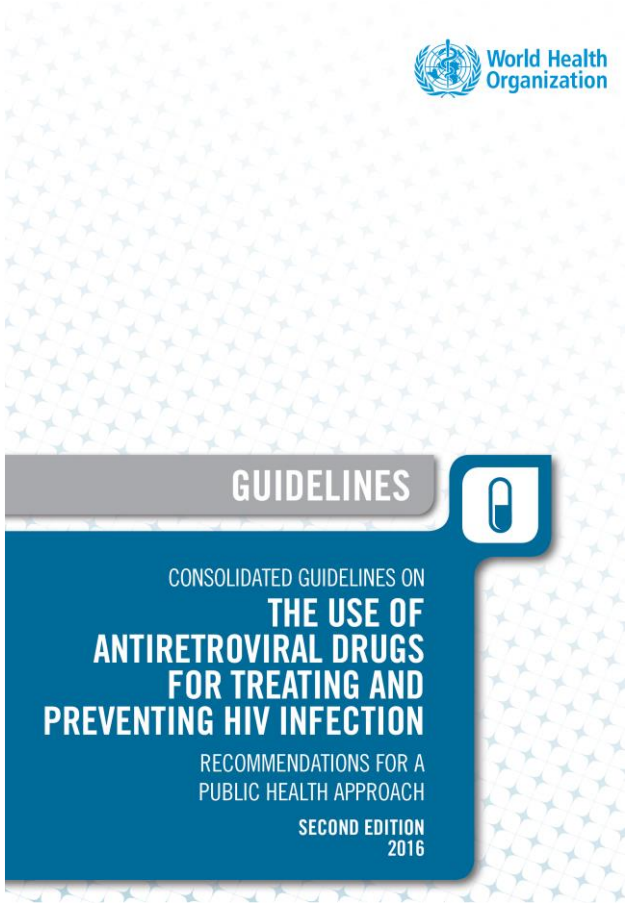
2018
DTG First line

2019
DTG First line & Second line

2020
DTG for children

2021
Era Innovation & elimination
95-95-95
LA & injectables
CADO4/PADO5
Prev & Txt regimens merge

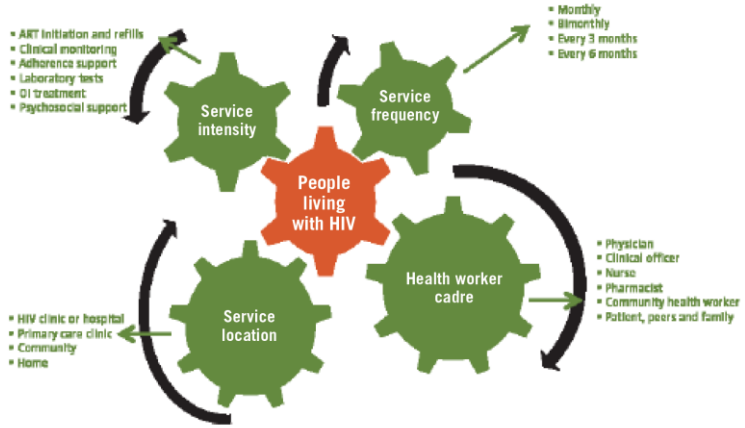
In 2016, WHO recommended treat all and "differentiated care" for people "stable" on ART



SERVICE DELIVERY

6

Figure 6.1. Key factors in differentiated approaches to HIV care *(5)*



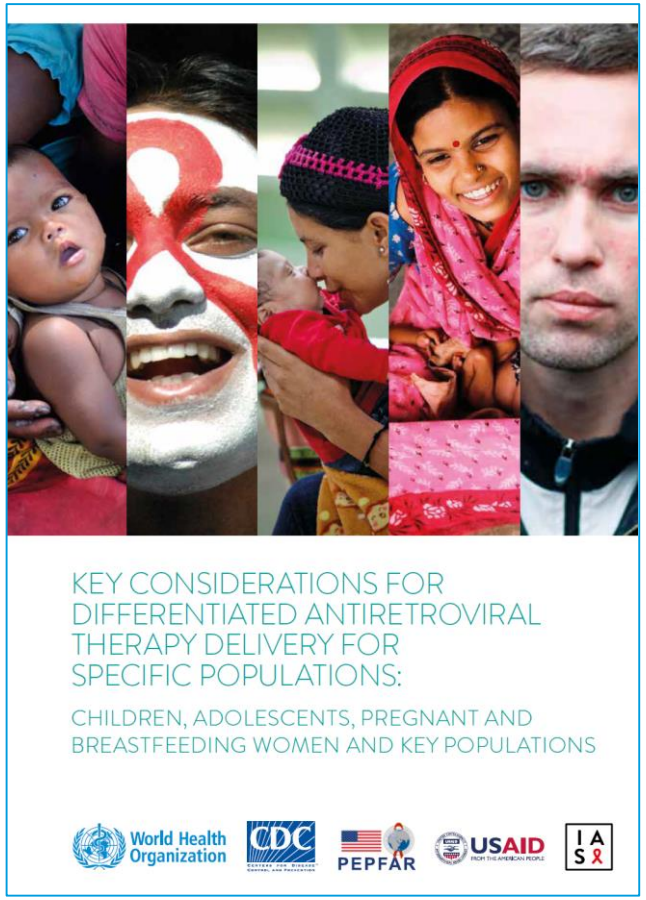
Definition of “stable on ART” in 2016

People were defined as stable on ART according to the following criteria:

- on ART for at least **1 year**,
- no current illnesses **or pregnancy**,
- good understanding of lifelong adherence and
- evidence of treatment success (**two consecutive viral load measurements** below 1000 copies/mL).
- In absence of VL, rising CD4 cell counts or CD4 above 200 could be used to indicate treatment success

2017 key considerations – DSD for children, adolescents and key populations

- Guidance for DSD for children and adolescence was not clear in WHO 2016 guidance resulting in poor uptake in national programmes
- Key considerations 2017 stated:
  - Clinically stable ART delivery is suitable for children who are at least two years old
  - The criteria that define a clinically stale adult are also appropriate for adolescents

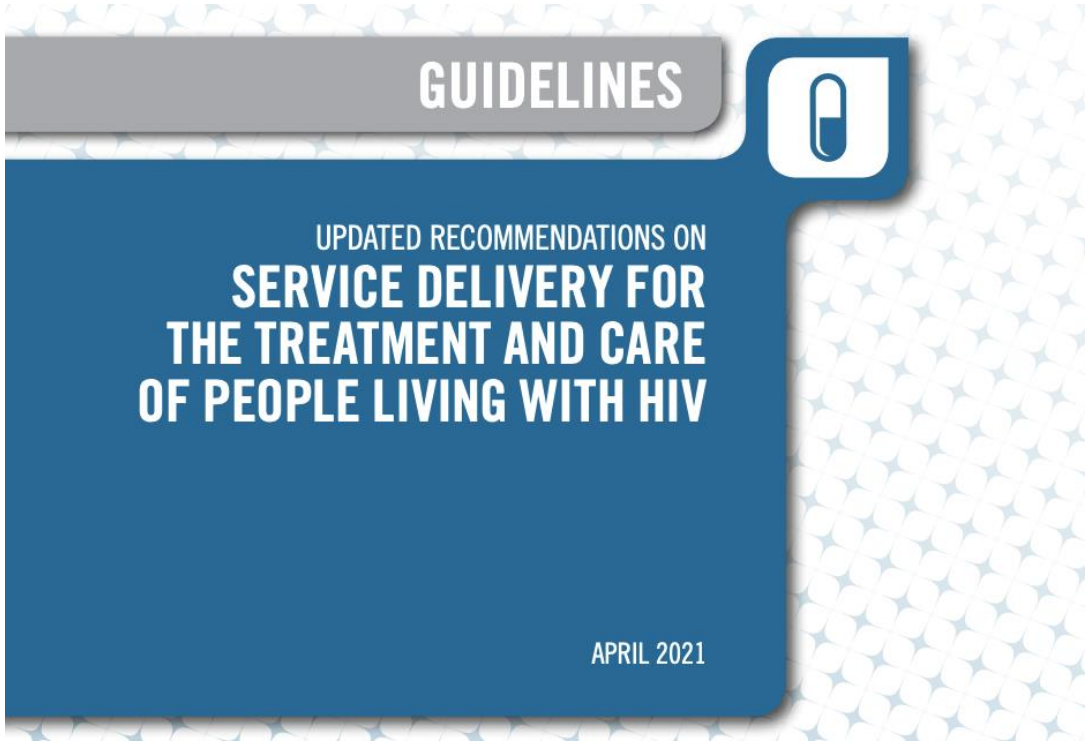


Latest Service Delivery Recommendations

World Health Organization

March 2021, Updated recommendations on service delivery for the treatment and care of people living with HIV

Included in July 2021 Consolidated Guideline



Criteria for determining whether a person is "**established on ART" (1)**

To support the implementation of these recommendations, WHO has developed using a Delphi process criteria for determining whether a person has been successfully **established on ART**:

- receiving ART for **at least six months**;
- **no current illness**, which does not include well-controlled chronic health conditions;
- good **understanding of lifelong adherence**: adequate adherence counselling provided; and
- **evidence of treatment success**: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm3 or CD4 count >350 for children 3-5 years or weight gain, absence of symptoms and concurrent infections).

World Health Organization

Criteria for determining whether a person is "**established on ART" (2)**

World Health Organization

⚠ **INCLUDES all populations established on ART:**

- Individuals receiving **second- and third-line regimens**
- People living with HIV and **controlled comorbidities**
- **Children and adolescents**
- **Pregnant** and **breastfeeding** women
- **Key populations**

World Health Organization

Specific criteria for pregnant and breastfeeding women

Box 7.4 Additional eligibility criteria specific to pregnant and breastfeeding women for accessing differentiated ART delivery models outside clinic care

- **Women clinically established on ART when conceiving:** already accessing the differentiated ART delivery model plus at least one viral load test of <1000 copies/mL in the past three months and accessing antenatal care.
- **Women initiating ART during pregnancy:** since a woman initiating treatment during pregnancy will only become eligible to enter a differentiated ART delivery model in the postpartum period, an HIV-negative result for her infant with a NAT at six weeks and evidence of accessing infant follow-up care are additional requirements.

World Health Organization

Summary – change in eligibility

	2016	2021
Term	Stable	Established on ART
Time on ART	12 months on ART	6 month on ART
Inclusion of pregnant women	Pregnant women excluded	Pregnant women included
Inclusion of children and adolescents	Children and adolescents included	Children and adolescents included
Regimen	Second and third line not explicitly stated	Any ART line included
Viral load / evidence of treatment success	Two consecutive viral loads <1000 copies/ml	At least one viral load <1000 copies/ml in last 6 months

Thank you, Asante Sante, Merci, Obrigado

WHO

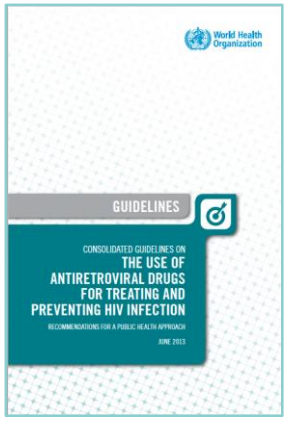
20, Avenue Appia
1211 Geneva

Switzerland

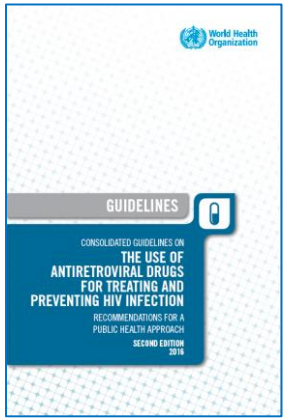
Supporting choice for women living with HIV in DSD models during their pregnancy and postpartum

Anna Grimsrud
IAS – the International AIDS Society

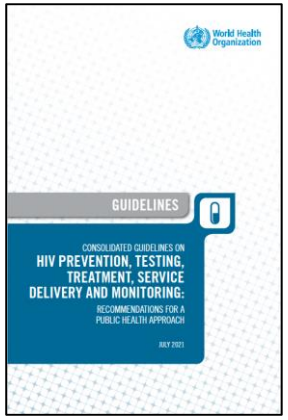
Thank you to WHO



2013



2016



2021

IAS

CHOICE

- With improved access to HIV testing and ART, more women living with HIV will be established on ART at conception
  - For example, in a study using SmartCare data from Zambia, increase in those on ART at first antenatal care (ANC) visit from 9% in 2011 to 74% in 2015 [Gumede-Moyo, Front. Public Health, 2019]

Box 7.4 Additional eligibility criteria specific to pregnant and breastfeeding women for accessing differentiated ART delivery models outside clinic care

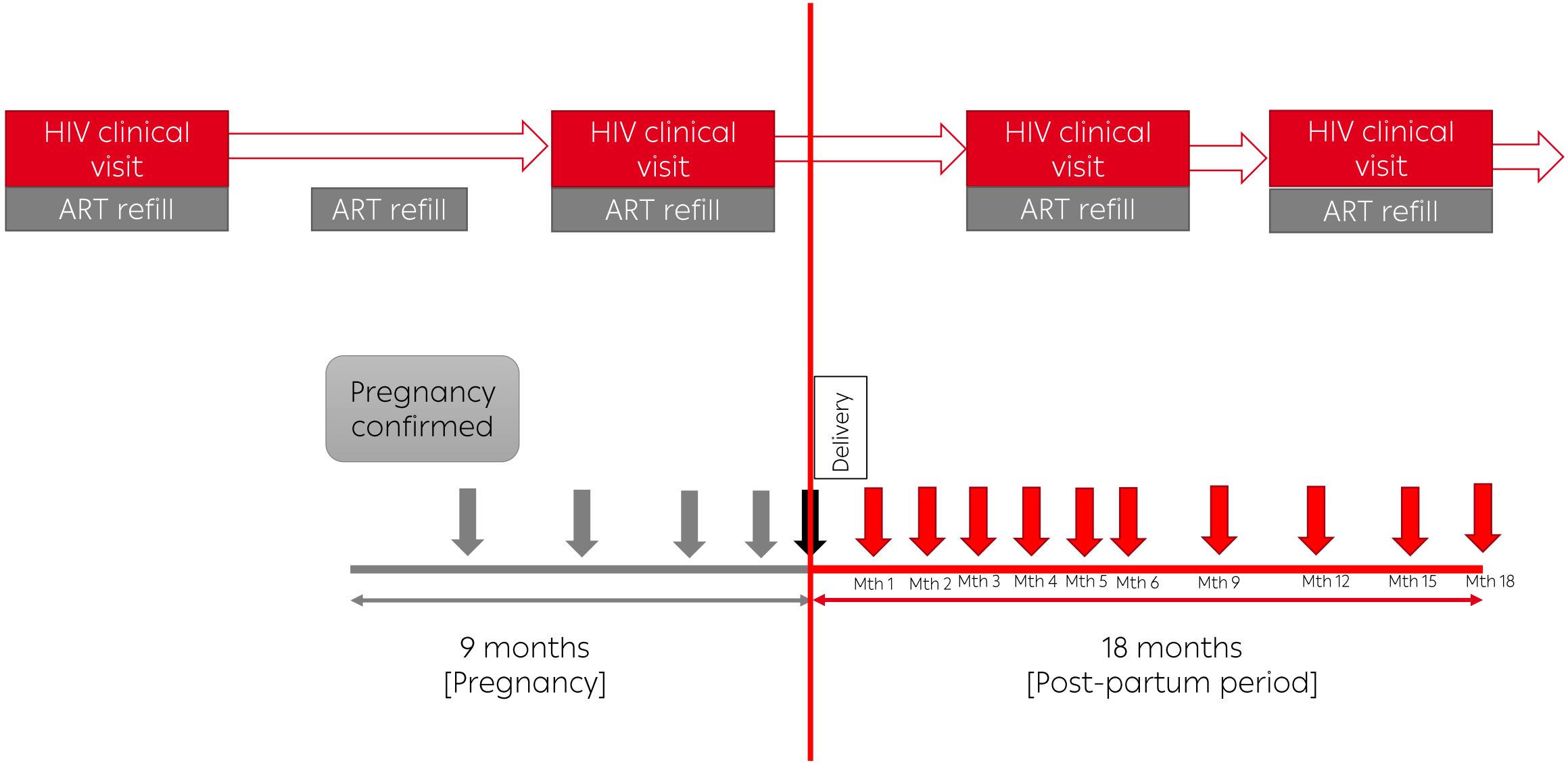
- **Women clinically established on ART when conceiving:** already accessing the differentiated ART delivery model plus at least one viral load test of <1000 copies/mL in the past three months and accessing antenatal care.
- **Women initiating ART during pregnancy:** since a woman initiating treatment during pregnancy will only become eligible to enter a differentiated ART delivery model in the postpartum period, an HIV-negative result for her infant with a NAT at six weeks and evidence of accessing infant follow-up care are additional requirements.

"They should have the choice to continue receiving their ART through the differentiated ART delivery model or to have their ART delivery integrated within their maternal, newborn and child health care"

– WHO 2021 Consolidated guidelines

IAS

In brief, there are most likely three scenarios for women who are accessing their HIV care and treatment in a DSD model at the time of their pregnancy


HIV clinical visit
ART refill
ART refill
HIV clinical visit
ART refill
HIV clinical visit
ART refill
HIV clinical visit
ART refill
Pregnancy confirmed
Delivery
Mth 1
Mth 2
Mth 3
Mth 4
Mth 5
Mth 6
Mth 9
Mth 12
Mth 15
Mth 18
9 months
[Pregnancy]
18 months
[Post-partum period]

IAS

Scenario 1: Woman receiving 6-month ART supply

Woman on ART, viral load suppressed

Option 1 Continue individual facility 6 mthly ART

Facility individual clinical visit	Facility individual clinical visit	Facility individual clinical visit	Facility individual clinical visit
6 month ART refill	6 month ART refill	6 month ART refill	6 month ART refill

Pregnancy confirmed

Delivery

Option 2: ART provided in post-partum club (Clubs more feasible in high prevalence; high volume sites) OR at mother-baby pair clinic in MCH

Mth 1 Mth 2 Mth 3 Mth 4 Mth 5 Mth 6 Mth 9 Mth 12 Mth 15 Mth 18

9 months [Pregnancy]

Antenatal visits
Facility or community outreach

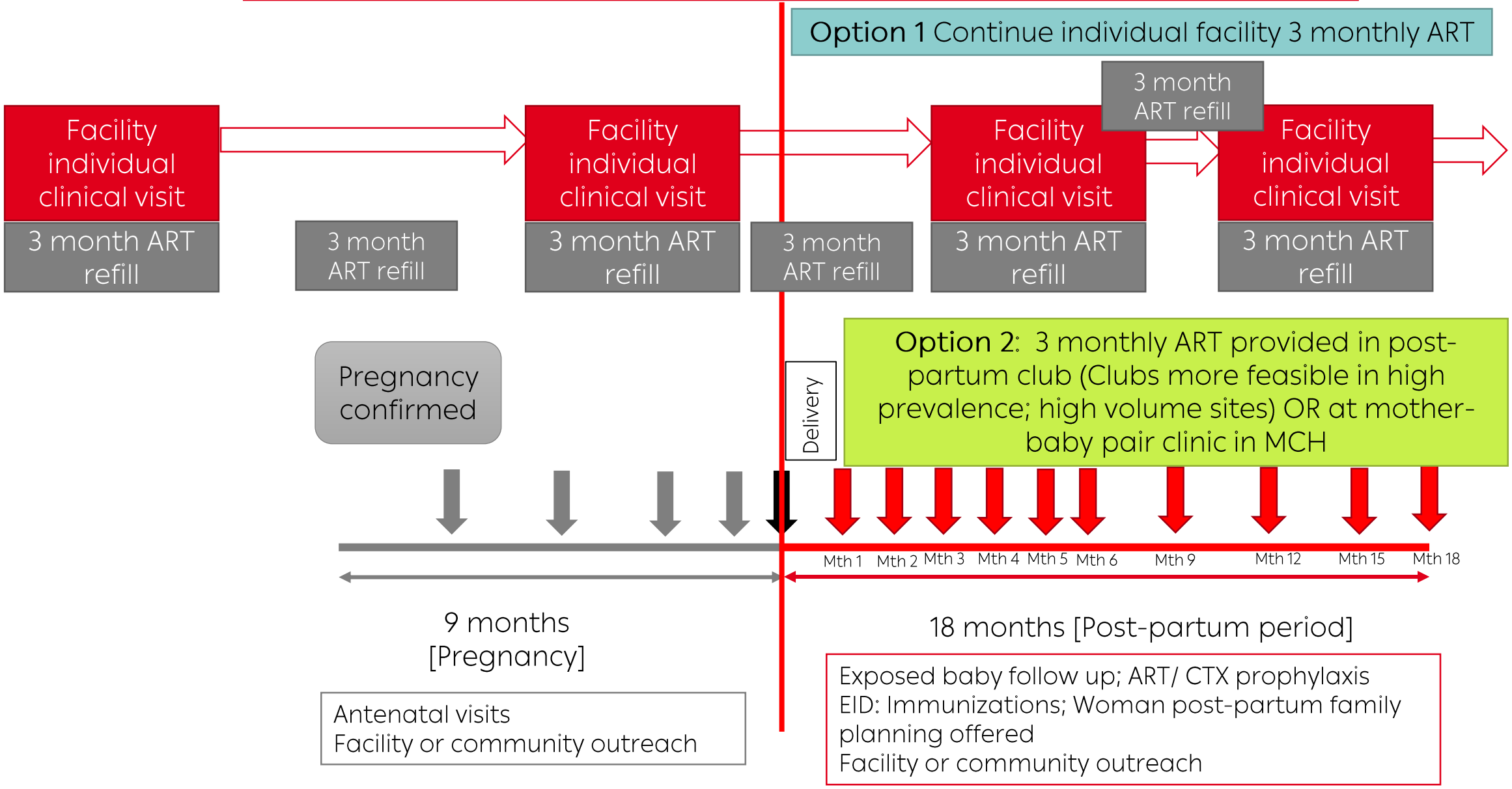
18 months [Post-partum period]

Exposed baby follow up; ART/ CTX prophylaxis
EID: Immunizations; Woman post-partum family planning offered
Facility or community outreach

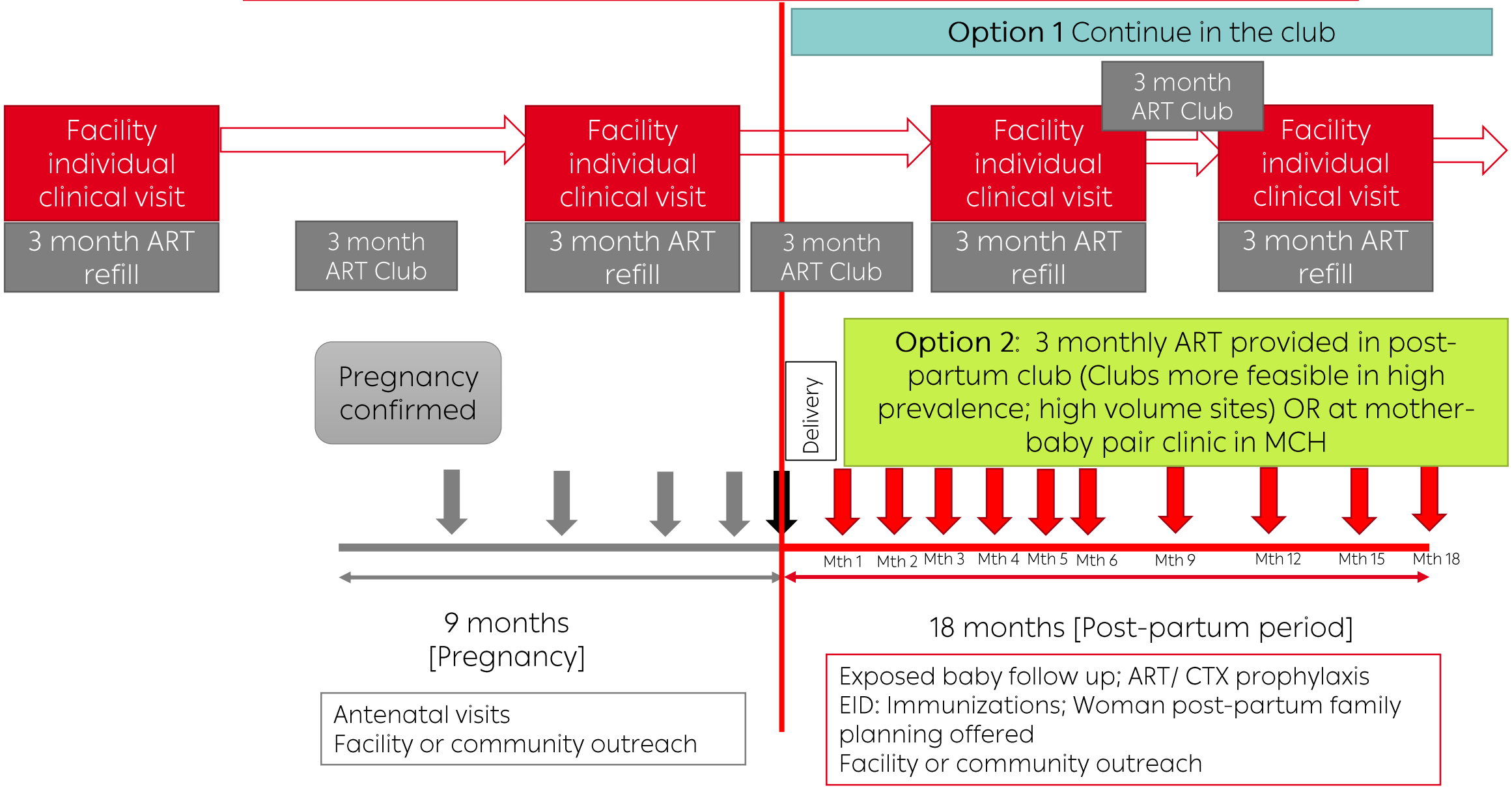
IAS

Scenario 2: Woman receiving 3-month ART supply (could be through facility or community-based model) + 6 monthly clinical visit

Women on ART, viral load suppressed



Scenario 3: Woman in Adherence Club (receiving 3 monthly ART refills in the Club and 6 monthly clinical visits)
Women on ART, viral load suppressed



IAS

At entry into DSD is the person:

- Receiving ART for at least six months
- No current illness (does not include well controlled chronic health conditions)
- Good understanding of lifelong adherence; adequate adherence counselling provided
- Evidence treatment success:
  - at least one suppressed viral load result within the past six months
  - If VL is not available: CD4 count>200 cells/mm3 or weight gain , absence of symptoms and concurrent infections

IAS

At entry into DSD, and at each clinical visit:

- **Has TPT been complete**:
  - On TPT
  - Eligible for TPT but not yet started
- **For women living with HIV, have contraception needs been addressed:**
  - Does contraception need to be started
  - Does the woman want to change to long acting method as moving to less frequent clinical visits
- **Are there other chronic conditions that could be provided for via DSD model**
  - Clients already diagnosed with hypertension or diabetes
  - New diagnosis at entry to DSD or at clinical visit

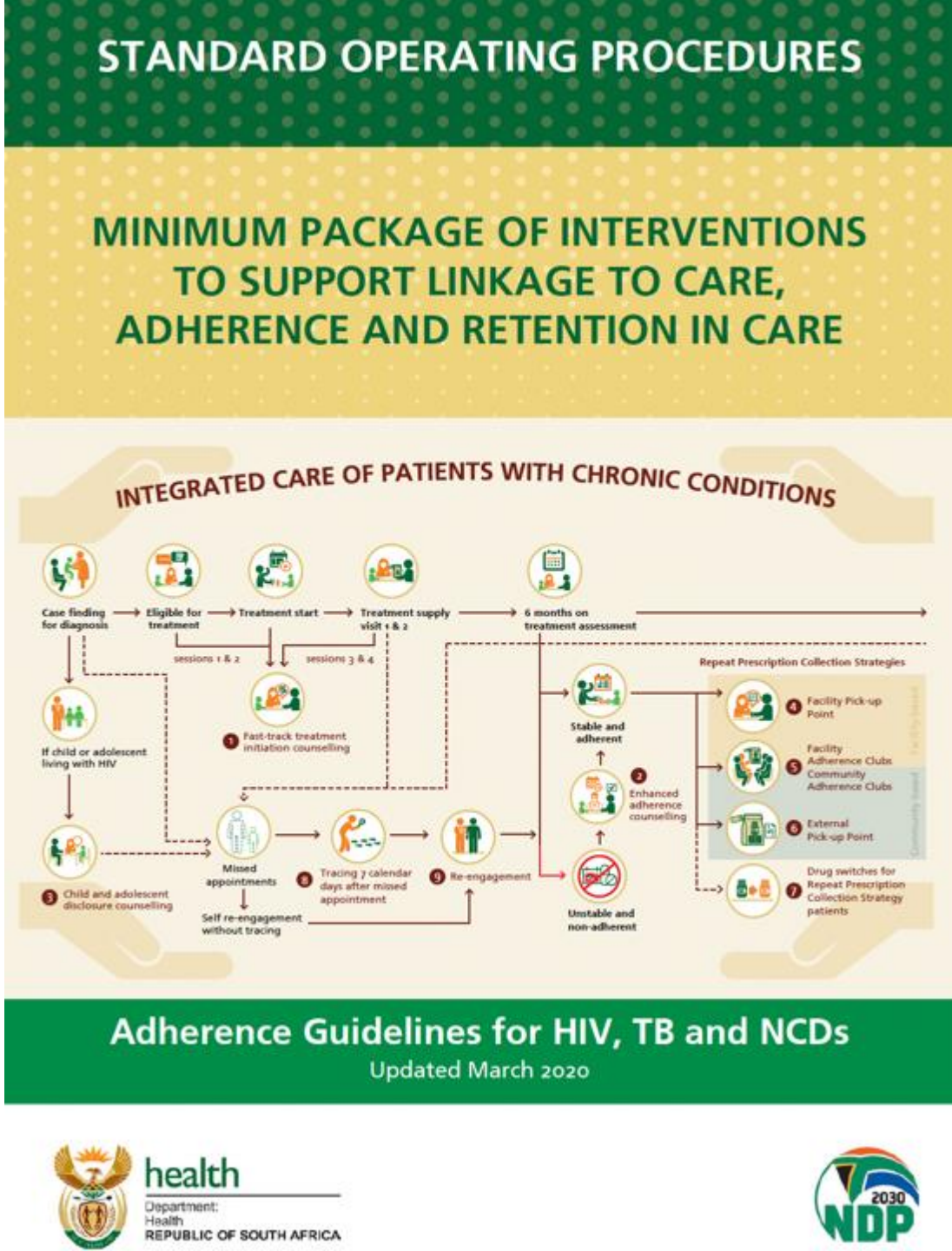
Re-engagement policy in South Africa

Musa Manganye, National Department of Health
Lynne Wilkinson, IAS
South Africa

National Adherence Guidelines for HIV, TB and NCDs

- Not just HIV – but also TB, diabetes and hypertension
- Updated SOPs in March 2020
- DSD in South Africa for HIV treatment – "RPCs" repeat prescription collection strategies – referred to as **Differentiated Model of Care in South Africa**

"to encourage linkage to care, adherence to treatment and retention in care of patients with chronic conditions"



IAS

What's new in the 2020 SOPs

1. Two new SOPs
   - SOP 7 – Drug switching within DSD models (repeat prescription collection strategies, RPCs)
   - SOP 9 – Re-engagement
   - Alignment of SOP 9 to Welcome Back Strategy

2. All RPCs models set up for 3MMD

3. Expanded eligibility for RPCs including for children and adolescents

Criteria for re-engagement

"Any patient who returns to the facility either of their own accord or after tracing **more than 7 calendar days** after their missed appointment date or for those in Repeat Prescription Collection strategies (RPCs), more than 7 calendar days after the last day the patient could collect their treatment supply from their RPCs."

IAS

Guiding principles reflected in re-engagement SOP

- All staff in the facility are welcoming, **acknowledge it is normal to miss appointments** and/or have treatment interruptions, support and empower patients to improve retention after re-engagement.
- If a patient comes from a different facility (transfers in) **DO NOT require the patient to provide transfer documents** or delay restarting treatment as per procedure in 2019 ART Clinical Guideline.
- **Adherence counselling should NOT be mandated** for all patients who re-engage in care.
- Patients who have missed appointments may have missed visits because of time constraints. Retention may be best supported for such patients by reducing their required frequency of attendance and identifying more convenient locations or service hours for collection of treatment supply. **Increasing the intensity of service provision may NOT be supportive.**
- **For patients with a previous documented suppressed viral load, consider whether the patient would benefit from either multi-month treatment supply or enrolling or re-enrolling into a RPCs.**
- All processes must be documented.

IAS

Priorities for re-engagement approach

DIFFERENTIATION IS NECESSARY on re-engagement

- People disengage for different reasons
- What people need to successfully re-engage differs
- Service delivery approaches/models therefore need to differentiate

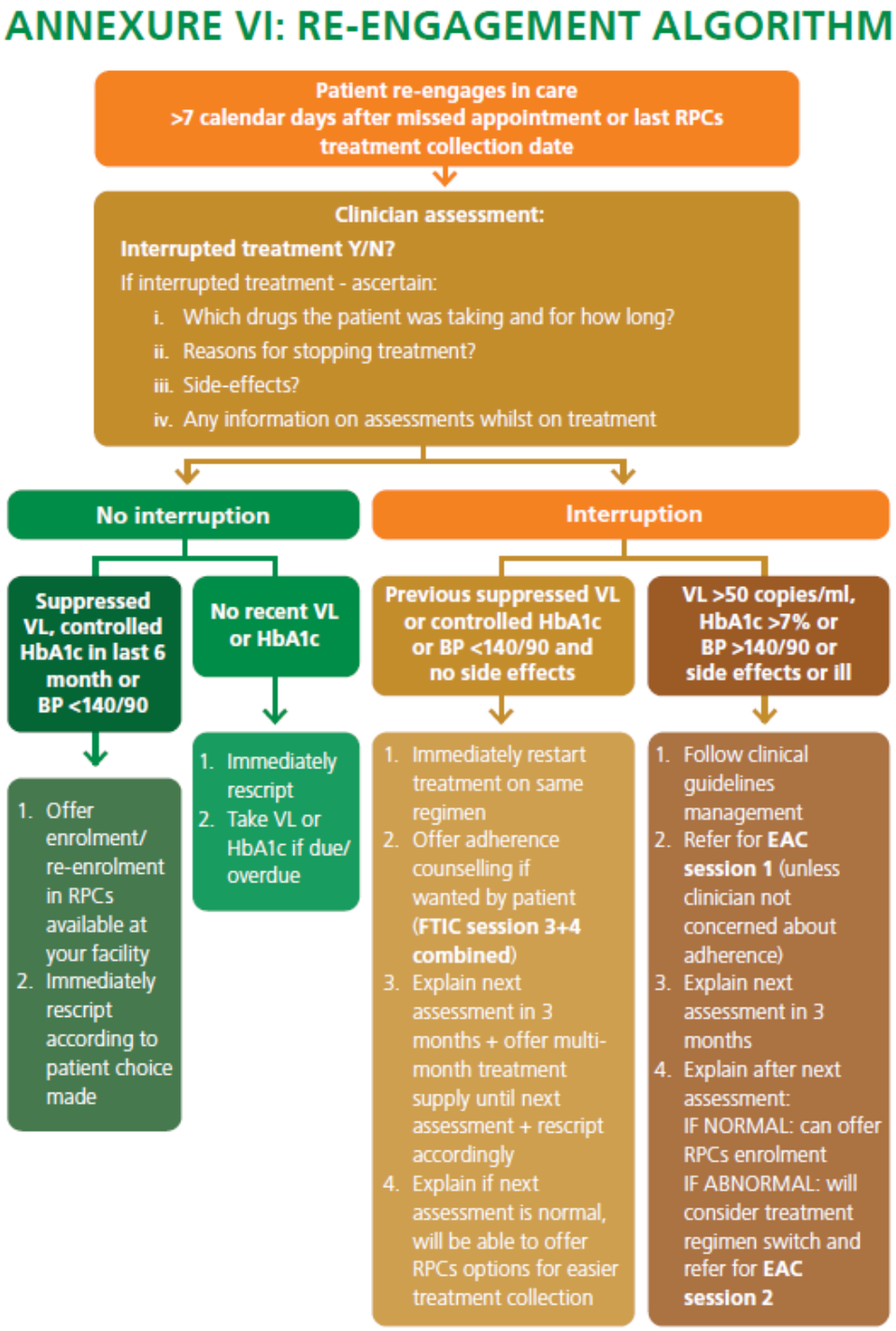
STOP using a blanket approach to missed appointments

CASE BY CASE ASSESSMENT REQUIRED BY CLINICIAN POSSIBLY SUPPORTED BY A LINKAGE OFFICER GUIDED BY AN ENDORSED RE-ENGAGEMENT ALGORITHM

IAS

Re-engagement algorithm

- Provide MMD immediately
- Accelerate access to/back into RPCS models
- Offer Enhanced Adherence Counselling BUT NOT OBLIGATORY
- Accelerate repeat and actioned VL/HBA1c
- Accelerate treatment regimen switch when indicated



ANNEXURE VI: RE-ENGAGEMENT ALGORITHM

Patient re-engages in care
>7 calendar days after missed appointment or last RPCs treatment collection date

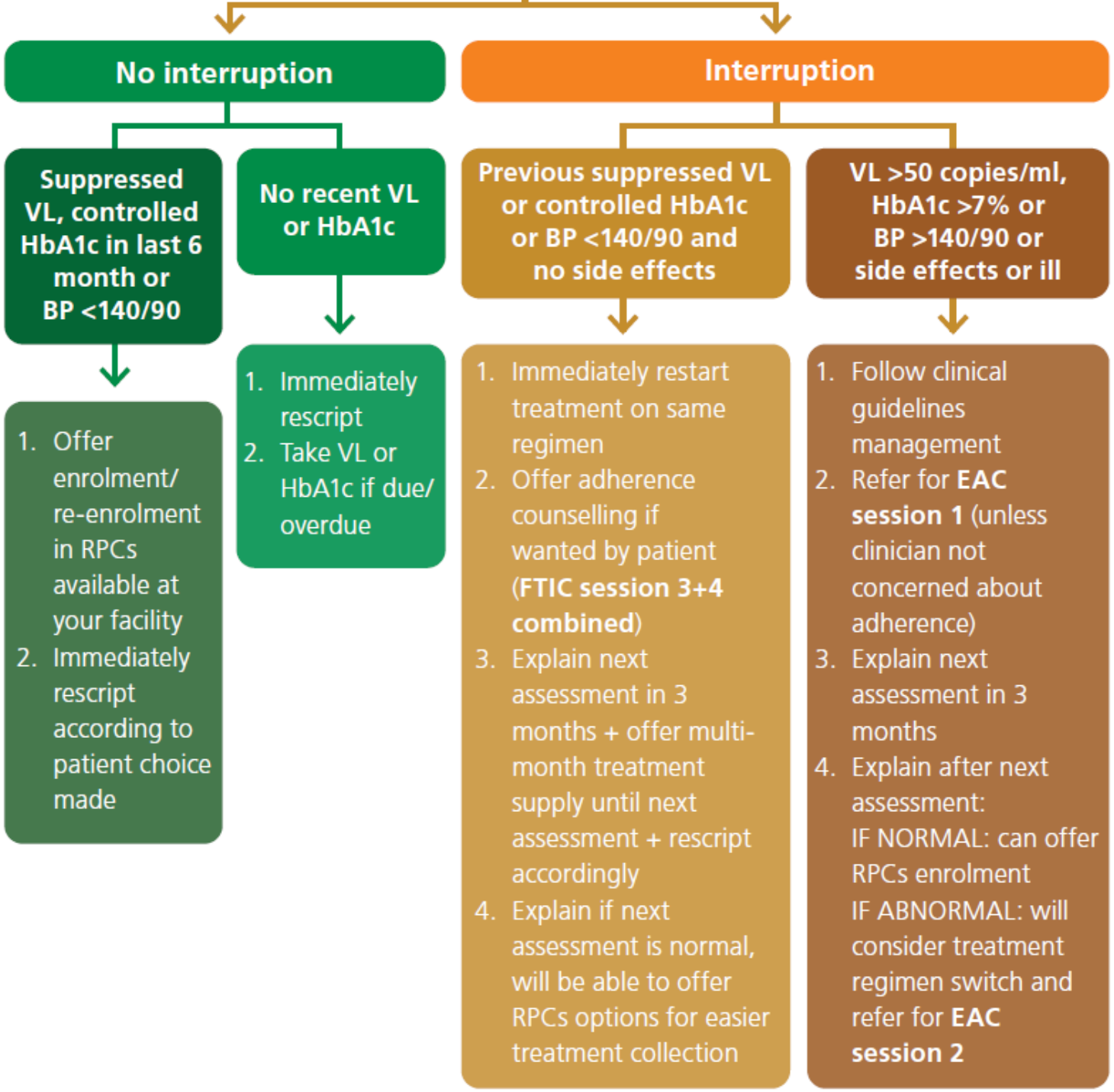
Clinician assessment:

Interrupted treatment Y/N?

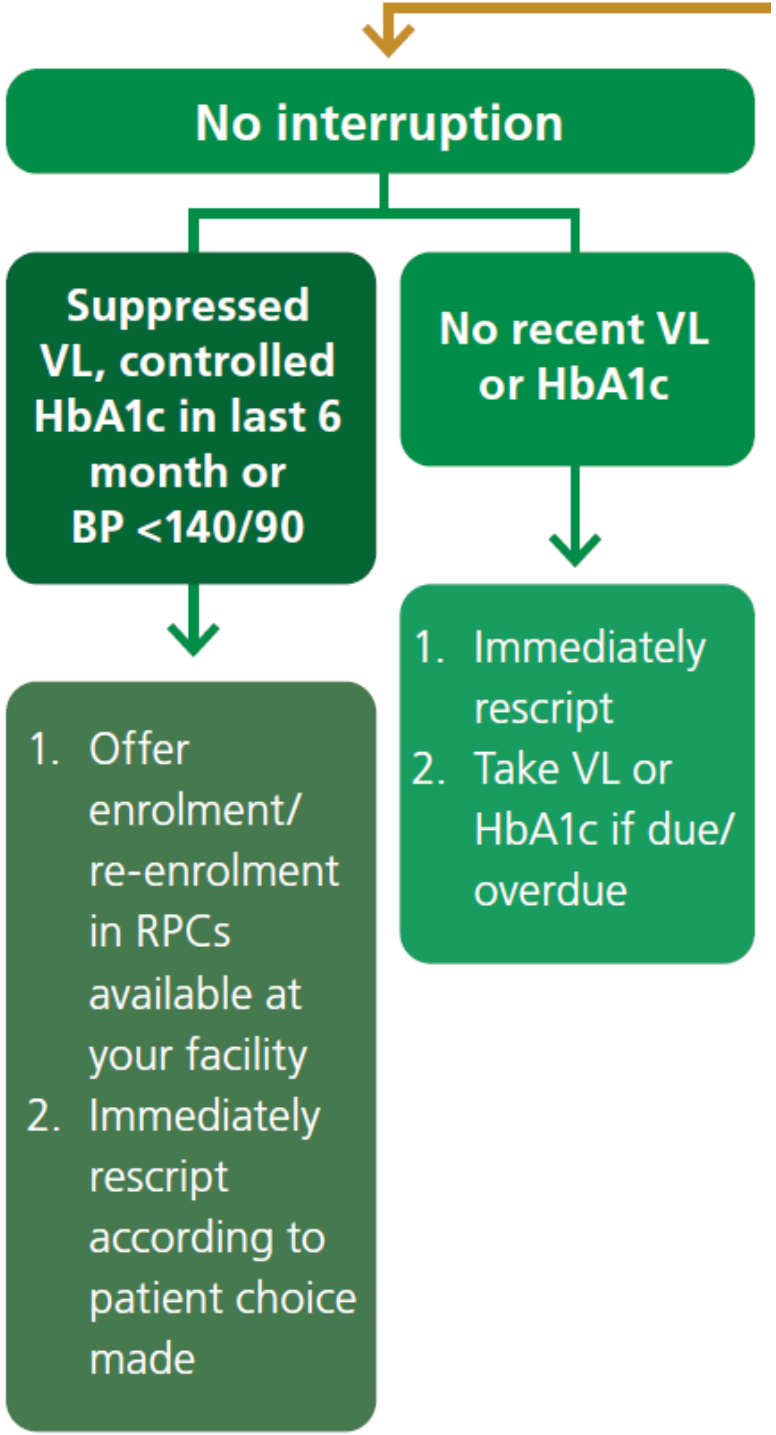
If interrupted treatment - ascertain:

i. Which drugs the patient was taking and for how long?
ii. Reasons for stopping treatment?
iii. Side-effects?
iv. Any information on assessments whilst on treatment

IAS


No interruption
Interruption
Suppressed VL, controlled HbA1c in last 6 month or BP <140/90
No recent VL or HbA1c
Previous suppressed VL or controlled HbA1c or BP <140/90 and no side effects
VL >50 copies/ml, HbA1c >7% or BP >140/90 or side effects or ill
1. Offer enrolment/ re-enrolment in RPCs available at your facility
2. Immediately rescript according to patient choice made
1. Immediately rescript
2. Take VL or HbA1c if due/ overdue
1. Immediately restart treatment on same regimen
2. Offer adherence counselling if wanted by patient (FTIC session 3+4 combined)
3. Explain next assessment in 3 months + offer multi-month treatment supply until next assessment + rescript accordingly
4. Explain if next assessment is normal, will be able to offer RPCs options for easier treatment collection
1. Follow clinical guidelines management
2. Refer for EAC session 1 (unless clinician not concerned about adherence)
3. Explain next assessment in 3 months
4. Explain after next assessment:
IF NORMAL: can offer RPCs enrolment
IF ABNORMAL: will consider treatment regimen switch and refer for EAC session 2

IAS



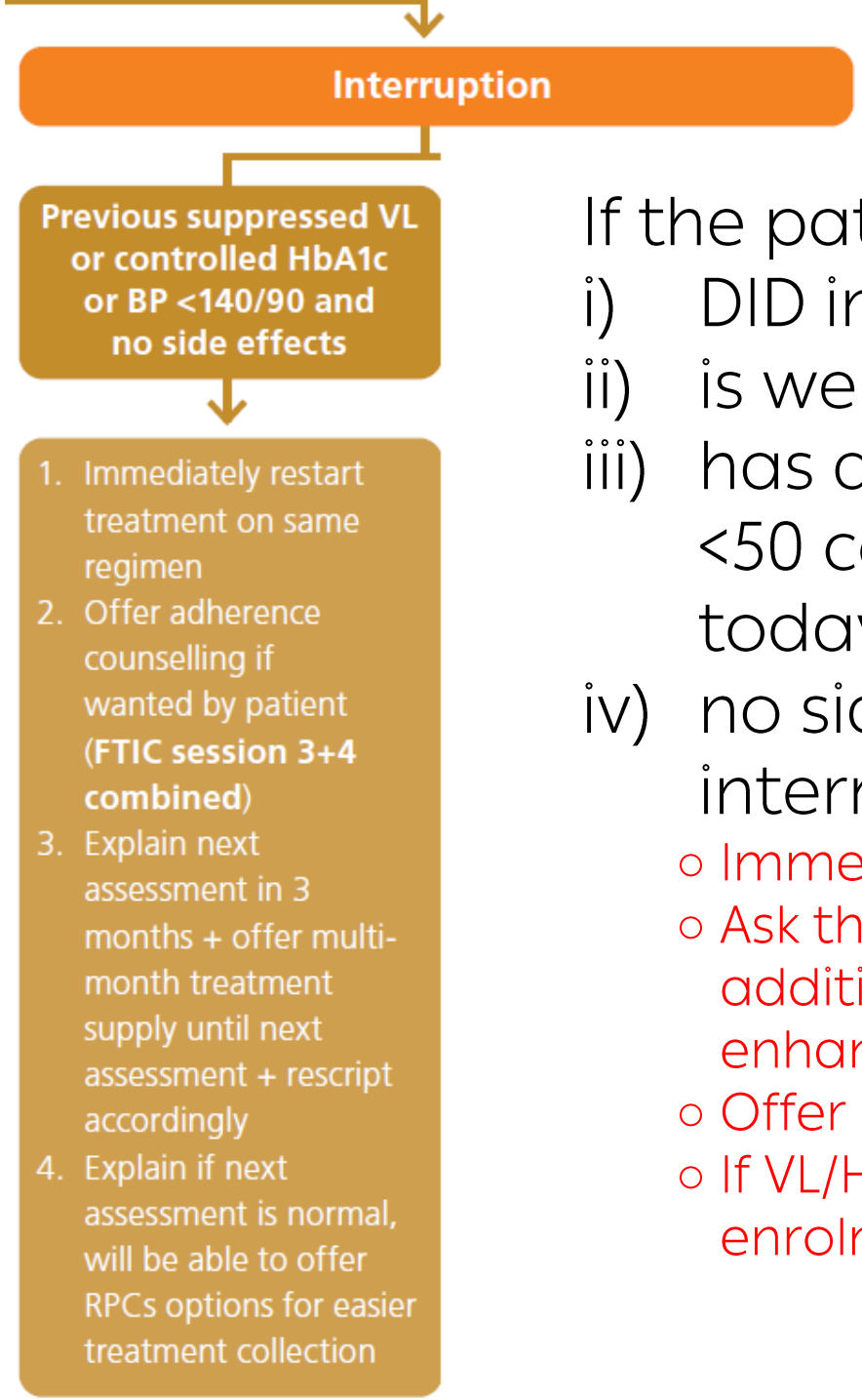
If the patient i) DID NOT interrupt treatment and ii) does have recent suppressed viral load (VL) and iii) meets the eligibility criteria for RPCs

- offer immediate enrolment/re-enrolment in RPCs
- Immediately rescript according to choice made

If the patient i) DID NOT interrupt treatment and ii) does not have a recent VL or HbA1c

- immediately rescript
- conduct the necessary investigations (tests).

IAS



If the patient

i) DID interrupt treatment

ii) is well on their first line regimen and

iii) has a recorded previous suppressed VL <50 copies/ml or HbA1c ≤7% or BP <140/90 today

iv) no side effects that caused them to interrupt treatment:

- Immediately restart same regimen
- Ask the client whether they would benefit from additional adherence counselling? Only refer for enhanced adherence counselling session 1 if YES
- Offer MMD until next VL/HBA1c (3m later)
- If VL/HBA1c **NORMAL** - offer immediate enrolment/re-enrolment in RPCs

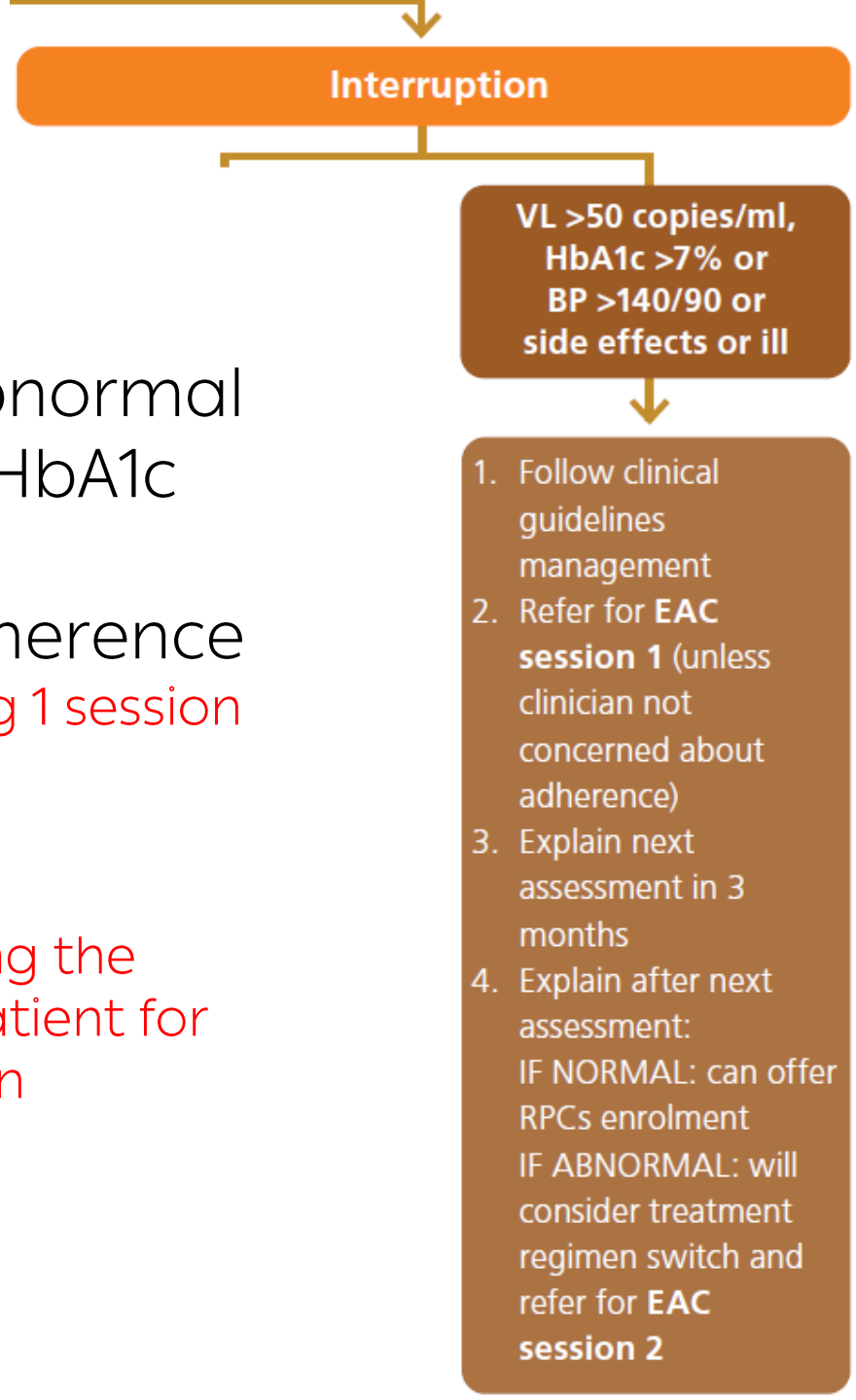
IAS

If the patient

i) DID interrupt treatment

ii) a) experienced side effects b) abnormal assessment (A VL >50 copies/ml, HbA1c >7% or BP >140/90) and c) is ill

- AND Clinician concerned about adherence
  - Refer for enhanced adherence counselling 1 session
  - Explain assessment again in 3 months
  - If VL/HBA1c **NORMAL** - offer immediate enrolment/re-enrolment in RPCs
  - If VL/HBA1x **ABNORMAL** - consider switching the patient's treatment regimen and refer patient for enhanced adherence counselling 2 session



IAS

Implementation examples

The following innovations are implemented in various provinces to enhance re-engagement in care:

- "Karabo model" (Meaning an answer), Limpopo province
- "Operation Vuyo Model", KwaZulu Natal province
- "I am Mpilo" (Meaning Health), Mpumalanga province
- "I am Thuso" (Meaning Help), Free State province

Critically, all utilize:

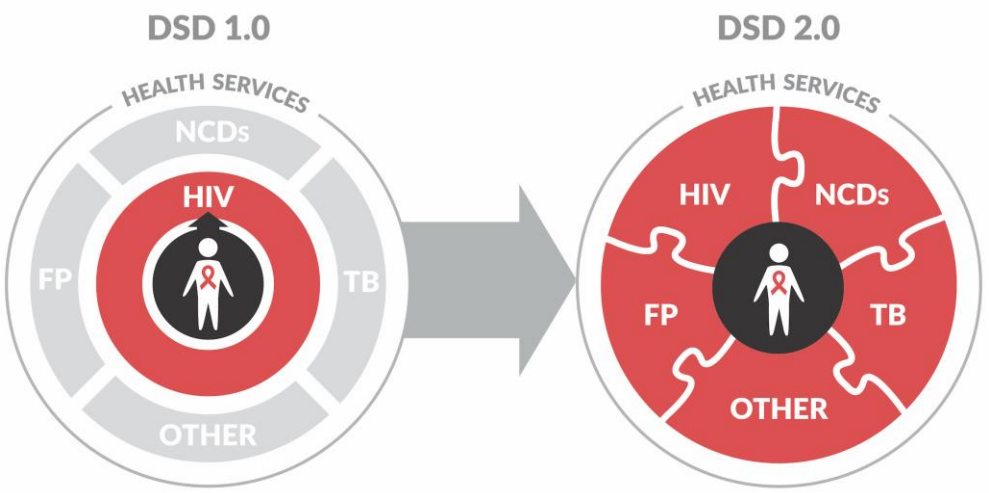
- **Community Health Workers (CHWs)** - tracing & recalling clients
- **Linkage Officers (LOs)** – meeting clients on arrival and connecting clients to clinicians upon return
- **Project Ritshidze ("Saving Our Lives")** – Community-led monitoring of implementation with fidelity

IAS

Where to next?

- Consider developing re-engagement policy/SOPS for your context
- Implement across contexts
  - Create case examples to learn from
- Evaluate outcomes of case examples of re-engaging clients in care
- Leverage population focused approach
- Optimize differentiated service delivery interventions to ensure clients retention
- Strengthen community-led monitoring
- Share our experiences
  - Leverage the CQUIN network

DSD for HIV treatment – opportunities for integration



Helen Bygrave
IAS – the International AIDS Society

Ehrenkranz P et al, Expanding the vision for differentiated service delivery: a call for more inclusive and truly patient-centered care for people living with HIV, JAIDS, 2021.

IAS

Opportunity 1 : Integrate TB prevention into DSD for HIV treatment models

SCENARIO 1	SCENARIO 2	SCENARI
TPT is started at ART initiation, and completion is required to be eligible for enrolment into a clinically stable differentiated ART delivery model	Clients are eligible for enrolment in clinically stable differentiated ART delivery models while TPT is ongoing, and TPT must be integrated within the differentiated ART delivery model	Clients alr delivery m clients are initiated o complete

	Screening for TB	Initiation of TPT	TPT refill	Completion of TPT
WHEN	Every ART refill/ clinical visit	Clinical visit	Aligned with ART refill	Clinical visit
WHERE	Facility Community	Facility Community	Facility Community Home	Facility Community
WHO	Peer, lay worker, nurse, clinical officer, doctor	Nurse, clinical officer, doctor	Peer, lay worker, nurse, pharmacist, clinical officer, doctor	Nurse, clinical officer, doctor
WHAT	Verbal TB screen and TB tests according to local TB diagnostic algorithm	TPT eligibility assessment (incl. contraindications for TPT); treatment literacy for TPT side-effects; and TB symptoms Script for TPT refills and align with ART refills Register TPT start	Provision of TPT and ART refills TPT follow up TPT side-effects/TB symptoms) Register TPT follow up	TB symptom assessment Register TPT completion documentation

https://www.differentiatedservicedelivery.org/Portals/0/adam/Content/3qTmUzah5kWCdeEogdiJ5A/File/IAS%20TPT%20supplement%208-Pager%20DIGITAL%20(1).pdf
https://www.pepfarsolutions.org/resourcesandtools-2/2018/9/25/tpt-implementation-tools

WHO 2013: TB HIV integration

7.9.2 Delivering ART in TB treatment settings and TB treatment in HIV care settings

Recommendation (2013)

In settings with a high burden of HIV and TB, ART should be initiated in TB treatment settings, with linkage to ongoing HIV care and ART *(strong recommendation, very-low-certainty evidence)*.

In settings with a high burden of HIV and TB, TB treatment may be provided for people living with HIV in HIV care settings if they have also been diagnosed with TB *(strong recommendation, very-low-certainty evidence)*.

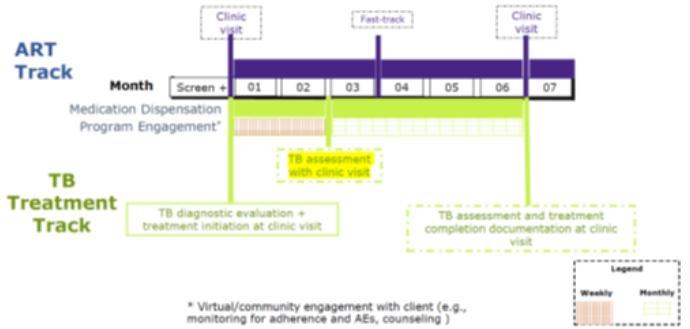
Source: *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: summary of key features and recommendations, June 2013 (190)*

IAS

Integrating TB treatment into DSD: Experience from PEPFAR programmes

IAS 2021 18–21 July

TB treatment & alignment with HIV care



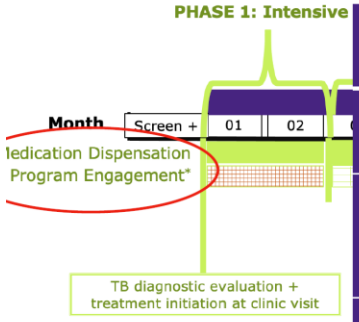
Key messages :

Consider alignment of medication dispensing

Allow MMD of TB medication after intensive phase

IAS 2021 18–21 July

Phase 1: Intensive Phase – Program engagement



	What	Monitoring adherence and AEs	Client education & counseling	Recording and reporting
When		Weekly		At each interaction and at dispensing
Where		Community or virtually using digital technology (SMS, phone)		Health facility, pharmacy
By Whom		Peer educators, community health workers		Health provider, pharmacist, Peer educators, community health workers

- * Virtual/community engagement with client (e.g., monitoring for adherence and AEs, counseling)

IAS

WHEN – TB screening and TPT within differentiated ART delivery models

TPT refill = ART refill

Wherever possible, the duration of TPT refills should be aligned with the duration of ART refills

In group models, alignment of group members to receive TPT together may support adherence and completion through peer support

IAS

6 months of IPT given
TPT follow up done by phone

Zisamale na TPT: Integration of TPT into fast track

	Screening for TB	Initiation of TPT	TPT refill	Completion of TPT
WHEN	At enrolment , 2 weeks and then monthly during follow ups	At a clinical visit	6 months' supply at clinical visit Follow-up monthly	Next clinical visit after 6 months
WHERE	Facility and via a phone call during follow ups	Primary care clinic or hospital	Follow-up phone to client at at 2 weeks and months 1, 2, 3, 4 and 5	Primary care clinic or hospital
WHO	Clinician during enrolment Peer via phone	Nurse, clinical officer, doctor	Peer educator, Pharmacist, pharmacy technologist, doctor if clinical issues raised	Doctor, clinical officer, nurse, pharmacist, pharmacy technologist
WHAT	Verbal symptom screen Referral to facility if required	TPT eligibility assessment, Scripting INH and ART for 6 months, Provision of TPT and ART refill, Register TPT start, TPT treatment literacy	TPT refill, TPT adherence check, TPT follow-up assessment (side-effects and/or TB symptoms)	TB symptom assessment, completion of documentation

Opportunity 2: Integrate contraceptive services into DSD for HIV treatment

http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks

IAS

In March 2021, WHO revised HIV service delivery guidance, including a new recommendation on integration of SRH services

7.9.3 Integrating sexual and reproductive health services, including contraception, within HIV services

Recommendation (2016)

Sexually transmitted infection and family planning services can be integrated within HIV care settings *(conditional recommendation, very-low-certainty evidence).*

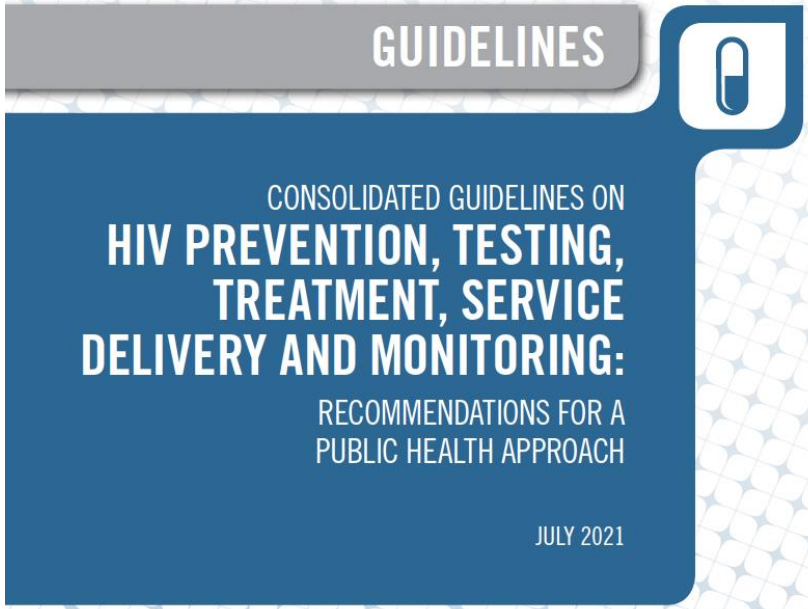
Source: *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach – second edition (3)*

Recommendation (2021)

Sexual and reproductive health services, including contraception, may be integrated within HIV services *(conditional recommendation, very-low-certainty evidence).*

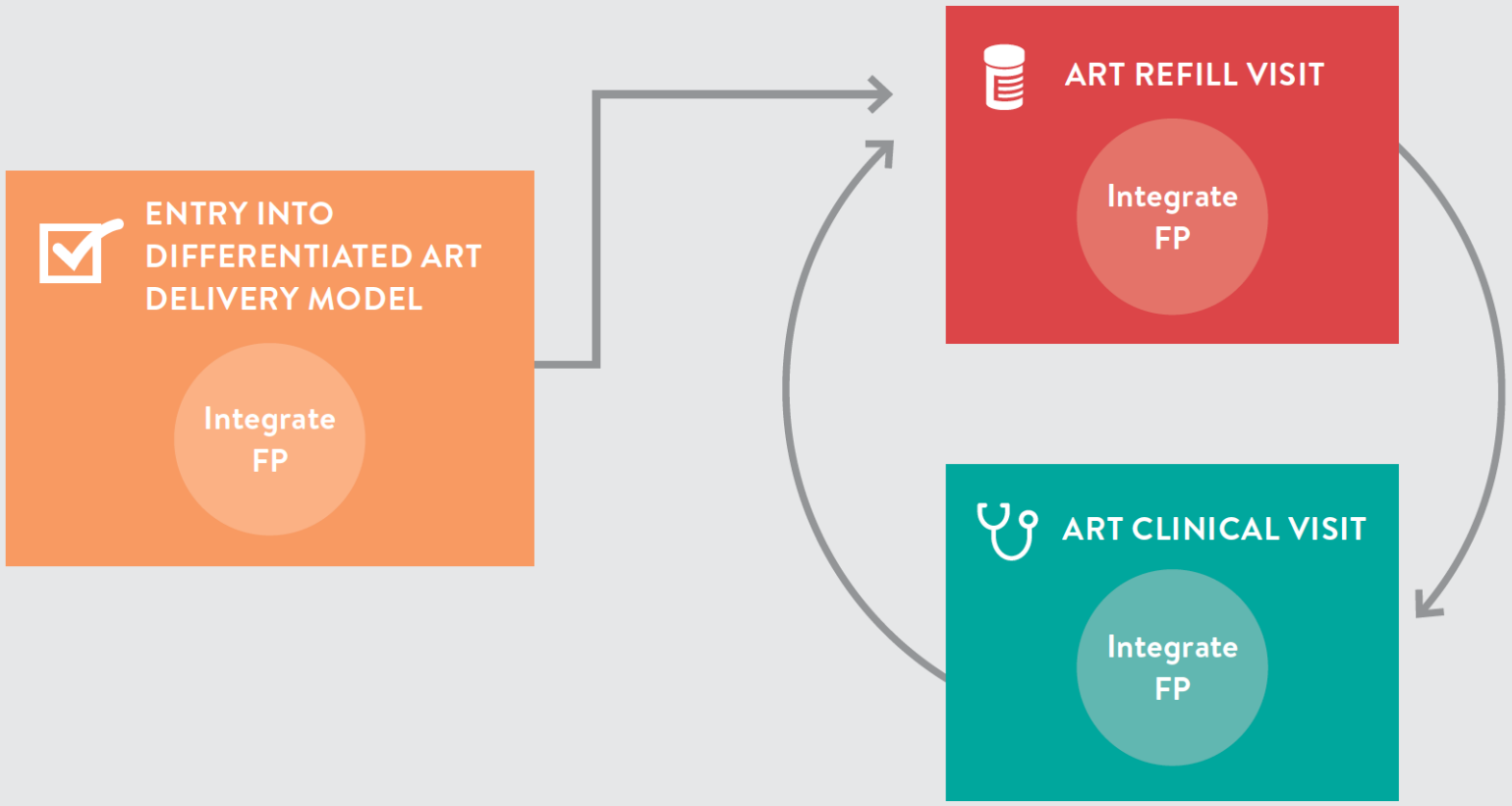
Source: *Updated recommendations on service delivery for the treatment and care of people living with HIV (63)*

World Health Organization



IAS

Figure 1. Family planning care throughout differentiated service delivery of ART



IAS

For pills and injectable alignment with ART

Integration of family planning care within Community ART Groups, Kenya

	IUDs	Implants	Oral pills	Injectables*
WHEN	Available but not taken up	At DSD entry, at DSD clinical visits, at facility walk in services in between visits if contraceptive need identified	Every 3 months, aligned	Every 3 months, aligned
WHERE	Available but not taken up	At same facility as ART where transition to DSD initiated/ ART collected for CAG	Collect ART and FP script from same clinic room and collect from the same pharmacy	Injection given in same room as ART assessment; group member in need nominated to collect ART for others
WHO	Available but not taken up	Implant- trained doctor, clinical officer, midwife or nurse	FP-trained clinical officer, midwife or nurse provides script	FP-trained clinical officer, midwife or nurse
WHAT	Available but not taken up	Implant information, counselling, insertion/ removal, management of side effects	Combined and progestin-only pills, information, counselling, script for pills, management of side effects	Injectable information, counselling, giving of injection, management of side effects *Self-injectable not yet available

Opportunity 3: Leverage new WHO guidance and integrate NCD refills into DSD for HIV treatment

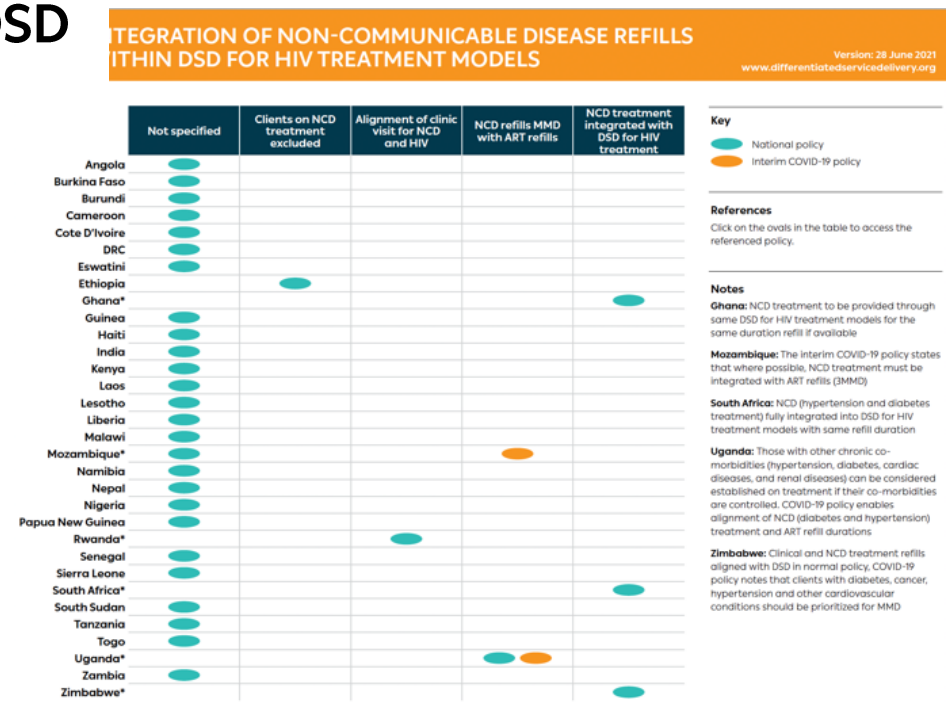
Without doing this, loss of efficiency provided by DSD for both the client and the health system

7.9.4 Integrating diabetes and hypertension care with HIV care

Recommendation (2021)

Diabetes and hypertension care may be integrated with HIV services *(conditional recommendation, very-low-certainty evidence).*

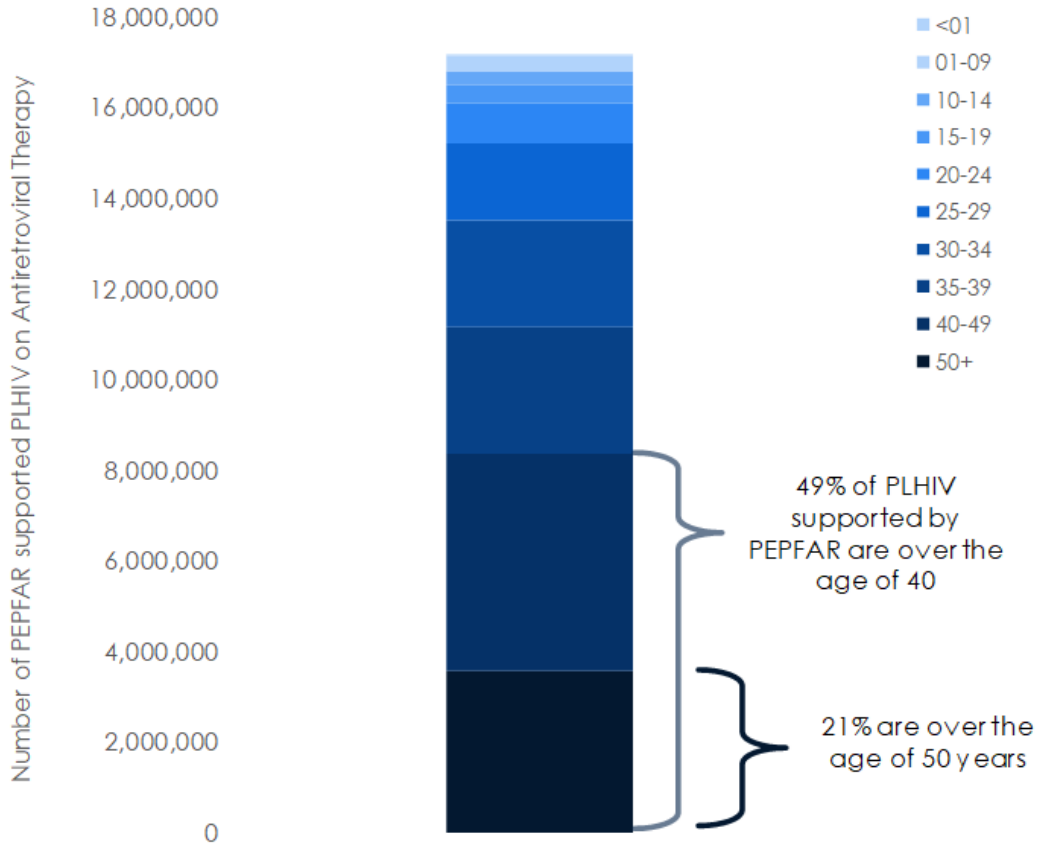
Source: *Updated recommendations on service delivery for the treatment and care of people living with HIV (63)*



http://bit.ly/DSDdashboards

IAS

Integration of NCDs- an aging cohort

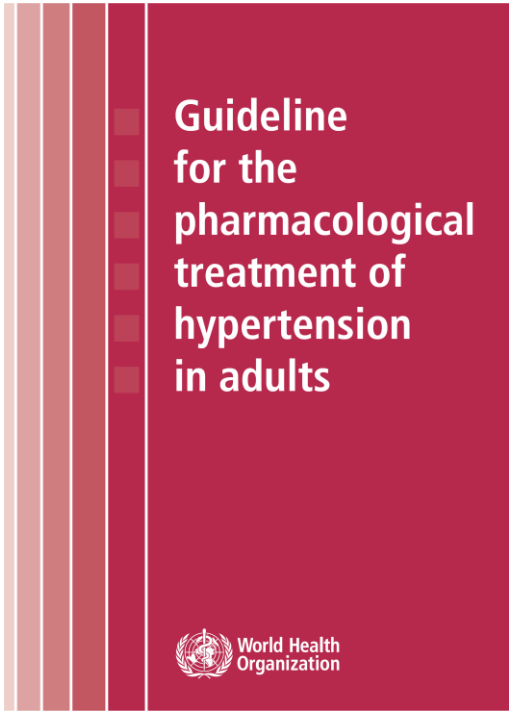


49% of ART cohort supported by PEPFAR are 40 years and older, 21% are > 50 years

Draft 2022 COP/ROP guidance

IAS

New WHO guidelines for hypertension support integration into DSD for HIV treatment



7. RECOMMENDATIONS ON FREQUENCY OF ASSESSMENT
WHO suggests a monthly follow up after initiation or a change in antihypertensive medications until patients reach target.
Conditional recommendation, low-certainty evidence
WHO suggests a follow up every 3–6 months for patients whose blood pressure is under control.
Conditional recommendation, low-certainty evidence

WHEN

3-6 monthly follow-up once controlled

WHO

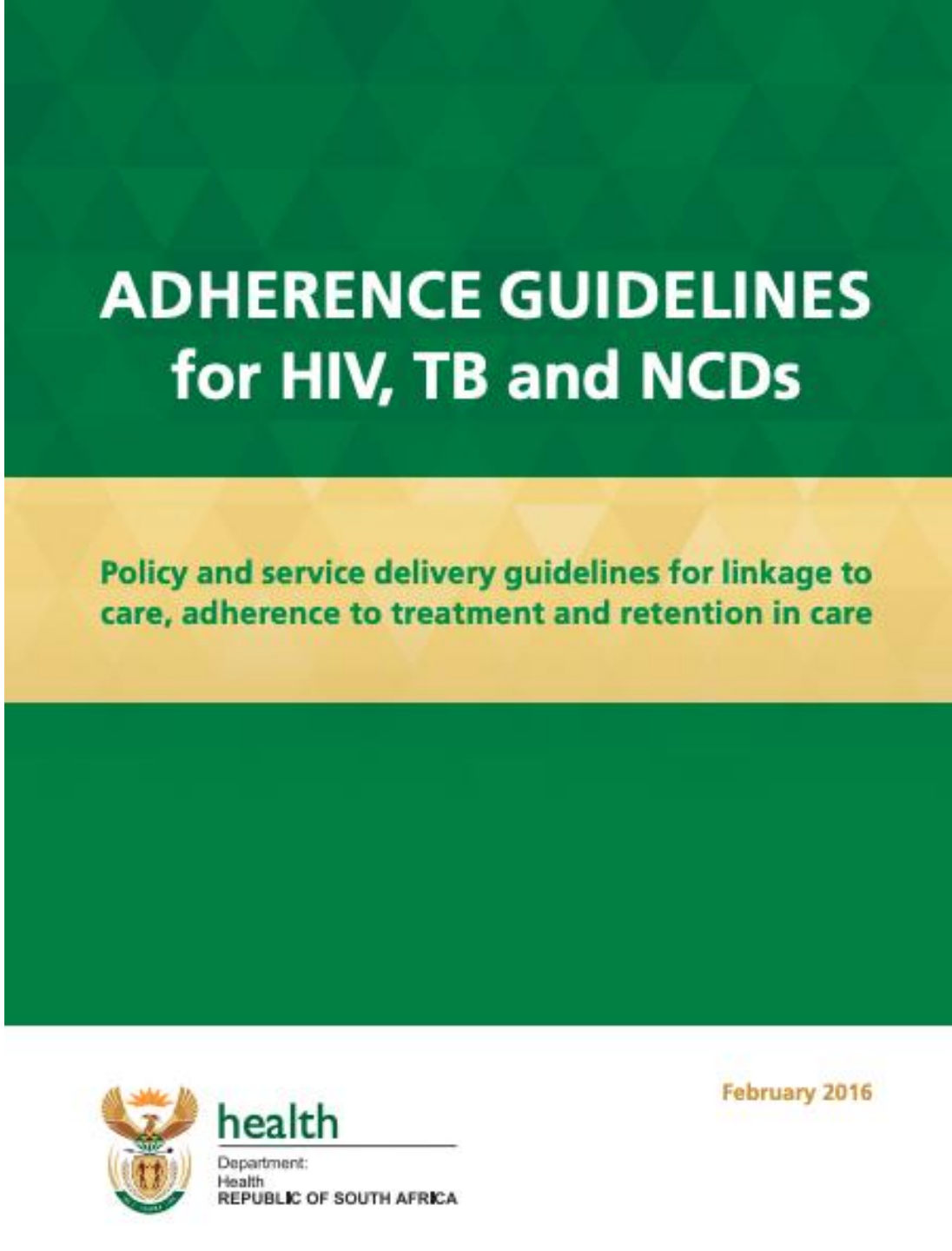
Task sharing to pharmacist and nurses

8. RECOMMENDATION ON TREATMENT BY NONPHYSICIAN PROFESSIONALS
WHO suggests that pharmacological treatment of hypertension can be provided by nonphysician professionals such as pharmacists and nurses, as long as the following conditions are met: proper training, prescribing authority, specific management protocols and physician oversight.
Conditional recommendation, low-certainty evidence

In South Africa – integration of HIV, TB and NCDs

Criteria for DSD models →

- Above 18 years
- On treatment for at least 6 months
- Most recent assessment results normal:
  - **Most recent viral load (VL) taken in past 6 months <50 copies/ml for HIV**
  - **Most recent HbA1c taken in past 6 months ≤7% for Diabetes**
  - **2 consecutive BP <140/90 for Hypertension**
- Clinician confirms the patient's eligibility for RPCs option
- Patient voluntarily opts for the RPCs option
- No current TB or medical condition requiring regular clinical consultations




DIFFERENTIATED
SERVICE DELIVERY
IT'S TIME
TO DELIVER
DIFFERENTLY
www.differentiatedservicedelivery.org

IAS

Unit 1.1 Differentiated service delivery explained

START OVERVIEW

Coming soon...

IAS International AIDS Society

Welcome to the first unit of Module 1.

In this module, we're exploring the basics of differentiated service delivery (DSD) of HIV treatment.

In this unit, we will explore some of the challenges of the healthcare system and clients, define DSD and discuss why it's important to deliver differently.

Click on **Start** or **Introduction** to begin.

Updating Ghana's national HIV service delivery guidance

Nyonuku Akosua Baddoo
NACP Ghana

IAS

New definition of ‘established on ART’

- ‘Stable client on ART’ now ‘Established on ART’ receiving
  - ART for at least six months;
  - evidence of treatment success: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm3 or CD4 count >350 for children 3-5 years or weight gain, absence of symptoms and concurrent infections).

- This definition is applicable to all populations of PLHIV including:
- Individuals receiving second- and third-line regimens
- PLHIV with controlled comorbidities
- Children and adolescents
- Pregnant and breastfeeding women
- Key populations

IAS

Summary of new updates (dART)

- Models for Follow Up and Refill
  - Group model manage by clients
  - Individual model not based at facilities

- Previous Operational Manual
  - NEW! Not adopted in the previous operational manual
  - Individual community-based refill (HC/CHPS/DIC/Community Pharmacy)

IAS

Differentiated ART Delivery for clients with high vireamia, low vireamia and viral suppression

Name of theSpeaker

IAS

Differentiated ART Delivery for clients with co-infections, co-morbidities and advanced disease

IAS

Thank you


DIFFERENTIATED
SERVICE DELIVERY
IT'S TIME
TO DELIVER
DIFFERENTLY
www.differentiatedservicedelivery.org