

**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

Learning from and beyond COVID-19 for DSD

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International AIDS Society

Scaled implementation/ PLHIV coverage	Reduced eligibility requirements	Longer refills (3-6MMD)/Longer scripts (MMS)	Inclusion of specific populations	DSD adaption focus community models
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Mozambique
Expanded 3MMD to all health facilities

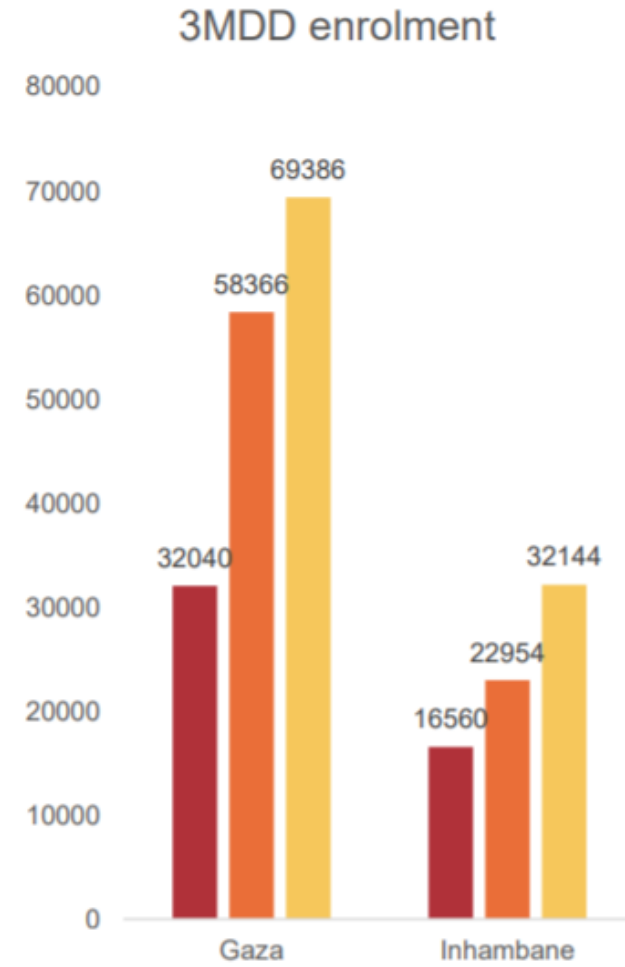
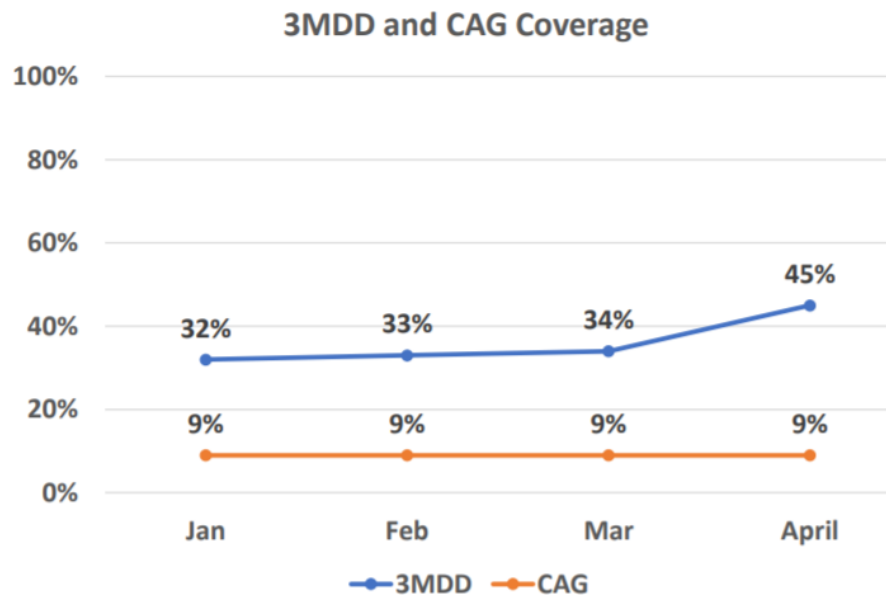
Uganda & Zambia
Expanding access to 6MMD

Eswatini
Expanding 6MMD for all TLE PLHIV


Sierra Leone
Starting DSD

1. Countries drove DSD scale up to allow PLHIV to access longer ART refills

Mozambique 3MMD enrolment



Slide credit: Dr Aleny Couto, Head of HIV Program, Ministry of Health, Mozambique and Dr. Mahoudo Bonou, Senior QI Technical Advisor, EGPAF, Mozambique

Scaled implementation/ PLHIV coverage	Reduced eligibility requirements	Longer refills (3-6MMD)/Longer scripts (MMS)	Inclusion of specific populations	DSD adaption focus community models
Mozambique Expanded 3MMD to all health facilities	Malawi Eligible from 3 months on ART	<p>2. Countries reduced DSD eligibility criteria to increase access to DSD models including for newly initiated PLHIV</p> <p>Zambia 6MMD for newly initiating PLHIV on TLD</p>  <p>Multi-Month Dispensation - MMD</p> <p>National guidance given regarding MMD to reduce facility congestion</p> <ul style="list-style-type: none"> • Clients failing treatment and receiving enhanced adherence counseling (EAC) are provided with 3-month supply of ARVs and EAC has continued on phone • Clients with other co-morbidities such as DM, TB, etc. are provided with 3 to 6 MMD of ART and clinicians are being consulted regarding the co-morbid conditions • All Stable clients eligible for 6 MMD were recalled & supplied 6 Mo of ARVs • All PLHIV initiating ART are put on TLD (or TAFED) and given 6 MMD • All stable RoC's are receiving 6 MMD of ART • Children aged 2-10 years are receiving at least 3 MMD of ART with appropriate adherence counselling of caregivers • Adolescents 10 – 19 years are receiving at least 6 MMD with appropriate adherence counseling 		
Uganda & Zambia Expanding access to 6MMD	Cote d'Ivoire PLHIV initiating ART/transitioning to TLD 3MMD			
Eswatini Expanding 6MMD for all TLE PLHIV	Kenya & Liberia All PLHIV on ART 3MMD			
Sierra Leone Starting DSD	Eswatini PLHIV initiating ART/2nd line ART patients/patients with co-morbidities 3MMD			
	Zambia TLD initiating PLHIV 6MMD			
	Zimbabwe >50years/co-morbidities >6MMD			

Slide credit: Dr Khozya Zyambo, Ministry of Health, Zambia

Scaled implementation/ PLHIV coverage

Reduced eligibility requirements

Longer refills (3-6MMD)/Longer scripts (MMS)

Inclusion of specific populations

DSD adaption focus community models

3. Countries increased ART refill length

Malawi 6MMD for stable ART PLHIV on ART for 3 months

Key adaptations to DSD models during COVID-19

1. Provision of support through virtual means instead of in-person teen clubs and other patient support groups
2. Revision of eligibility criteria for 6-month dispensation
 - Use the following criteria for 6 month dispensing:
 - i. At least 20kg body weight
 - ii. On ART for at least 3 months, on current ART regimen for at least 1 month
 - iii. No current severe ARV side effects, no opportunistic infections
 - iv. Adherence problems are not an absolute contra-indication
 - v. Suppressed VL in the last 6 months is not required
 - vi. Pregnant women should be given 3- instead of 6-month appointment.

Slide credit: Dr Bilaal Wilson HIV Care & Treatment Senior Program Officer Ministry of Health, Malawi

Malawi
6MMD
(pregnant women – 3MMD)

South Africa
Extended script validity
12 months

Eswatini
6MMD (including
adolescents >17 yrs)

Liberia
6MMD (including nurse
dispensing)

4. Countries increased ART script length

South Africa extended/allowed 12 month scripting until April 2021



STANDARD OPERATING PROCEDURE

TITLE	CCMDD OPERATIONS DURING COVID-19		
INSTITUTION	NATIONAL DEPARTMENT OF HEALTH		
REFERENCE NUMBER	CCMDD SOP 24	EFFECTIVE DATE	MARCH 2020
PURPOSE			
Outline the process to be followed by all stakeholders with regard to CCMDD operations during the COVID-19 pandemic			
Renewal of prescriptions			
10	<ol style="list-style-type: none"> a.) Patients that visit the facility for a clinical visit and/or to get their prescription renewed, should be re-scripted, with up to 12 dispenses and decanted to an external PuP of their choice. Do not wait for viral load results. If viral load results are adverse, recall the patient, as necessary. b.) Prescribers need to indicate the duration for which the prescriptions should be dispensed, up to 12 months, for all eligible patients provided that: <ul style="list-style-type: none"> • The prescription is created on or after 30 April 2020 and on or before 30 October 2020 	Authorised prescriber/ Health facility	

Scaled implementation/ PLHIV coverage	Reduced eligibility requirements	Longer refills (3-6MMD)/Longer scripts (MMS)	Inclusion of specific populations	DSD adaption focus community models
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5. Countries expanding access to DSD for specific populations

Ethiopia children/PBFW/second line ART/unstable ART PLHIV 3MMD

Activities to be Undertaken-Facility level

Strengthen existing DSD model and implement new DSD models

- Provide 6 Months' Multi-month Dispensing (6MMD) for all eligible stable patients for Appointment spacing model as per GL.
- Provide 3 Months Multi-month Dispensing (3MMD) for
 - PMTCT,
 - Pediatrics,
 - Newly identified HIV + clients,
 - Clients on second line ART
 - Those unstable clients with HVL and on EAC that doesn't seek admission
- Provide fast track ART refill model (FTAR) and community adherence groups (CAG) model for eligible patients.
- Considering family based refill in which those with other co-morbidities and age above 60 years can delegate other to collect the ARV on their behave.
- Flexible service delivery model and client centered services like early morning, weekends, and lunch time to reduce congestion at facilities
- Spacing of waiting seats and clinics



Slide credit: Mirtie Getachew, Ministry of Health, Ethiopia

Kenya 3MMD for all ages	Uganda Expansion of CDDPs (community dispensing points) and CCLADs (community ART groups)
Uganda 3-6MMD for all ages	Kenya Promote CAGs (reduce facility congestion)
Ethiopia PLHIV with high VL/children/adolescents/ PBFW 3MMD	South Africa Expansion of pick-up points/home delivery option
Mozambique Children/Pregnant women at first ANC visit/ Breastfeeding 3m post delivery 3MMD	Eswatini Extended hours for facility-based DSD models (5am-5pm)
Eswatini 3MMD for children/adolescents/ PBFW	Zimbabwe Strengthen community ART groups (individual distribution/virtual peer support)
Zambia 10-19 years 6MMD	

Scaled implementation/
PLHIV coverage

Reduced eligibility requirements

Longer refills (3-6MMD)/Longer scripts (MMS)

Inclusion of specific populations

DSD adaption focus community models

6. Countries driving scale up and geographical coverage of out-of-facility models and increased hours of facility-based models

Uganda focused on quick set up of more CDDPs – community dispensing points



MINISTRY OF HEALTH

COVID-19 INFECTION PREVENTION AND CONTROL GUIDANCE
FOR HIV & TB SERVICES DELIVERY

REVISED 16th APRIL 2020

C. HIV treatment services including PMTCT services

These guidelines are aimed at reducing crowding of clients at ART delivery points as well as ensuring continued access to ART during the COVID-19 pandemic. ART delivery is majorly facility based which may potentially increase risk of the spread of the virus within the facility, therefore, focus should be placed on decongesting the facilities.

Multi-month dispensing (MMD)

- Multi-month dispensing (MMD) of three months is recommended for all clients regardless of age. This however should be based on availability of adequate ARV stock across the different drug regimens at the facility.
- The Facility should systematically call all clients with scheduled clinic visit in the next month for their ART refills and viral load testing if due.
- The facility should deliver ARVs to the nearest community point for clients who are not able to come to the facility. This can be through quick establishment of CDDPs.

Uganda

Expansion of CDDPs (community dispensing points) and CCLADs (community ART groups)

Kenya

Promote CAGs (reduce facility congestion)

South Africa

Expansion of pick-up points/home delivery option

Eswatini

Extended hours for facility-based DSD models (5am-5pm)

Zimbabwe

Strengthen community ART groups (individual distribution/virtual peer support)

Key DSD lessons during COVID-19

DSD models are adaptable to people living with HIV and their changing needs

- Scaled DSD introduces more flexibility and less reliance by people living with HIV on healthcare facilities – *supports emergencies impacting the healthcare system BUT also those impacting patients daily lives*
- Community-based DSD model options remain critical – *closer access to home and less reliance on health facilities needs to be balanced against 6MMD facility-based ART refill supply.*
- Longer ART refills can be considered earlier after ART initiation
- Longer ART refills can be considered for specific populations – children/adolescents, patients with high viral loads and PBFW
- Longer scripts are possible
- Group DSD models can continue to leverage virtual social interaction/peer support if provided with longer ART refills

Beyond COVID-19

DSD lessons

- Critical to monitor and evaluate:
 - Outcomes of patients accessing DSD models vs those in routine care during COVID-19
 - Patient outcomes accessing expanded DSD to understand risks/benefits (including by subgroup – children/adolescents/PBFW)
 - PLHIV perspectives on access to expanded DSD
- Determine which expanded DSD eligibility criteria, increased access and adapted DSD models can safely be continued beyond COVID-19 pandemic including:
 - New/adapted community DSD models e.g. home delivery/community drug distribution/peer distribution
 - Longer refills (MMS)
 - Longer scripting period
 - DSD access for children, adolescents, PBFW, unstable on ART, 2nd line
 - Earlier access to DSD for newly initiated ART patients

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Thank you