

# Differentiated HIV Service Delivery for Families and Key Populations

#### 90-90-90 Targets Workshop

Thokozani Kalua MBBS MSc Department of HIV and AIDS, MOH, Malawi

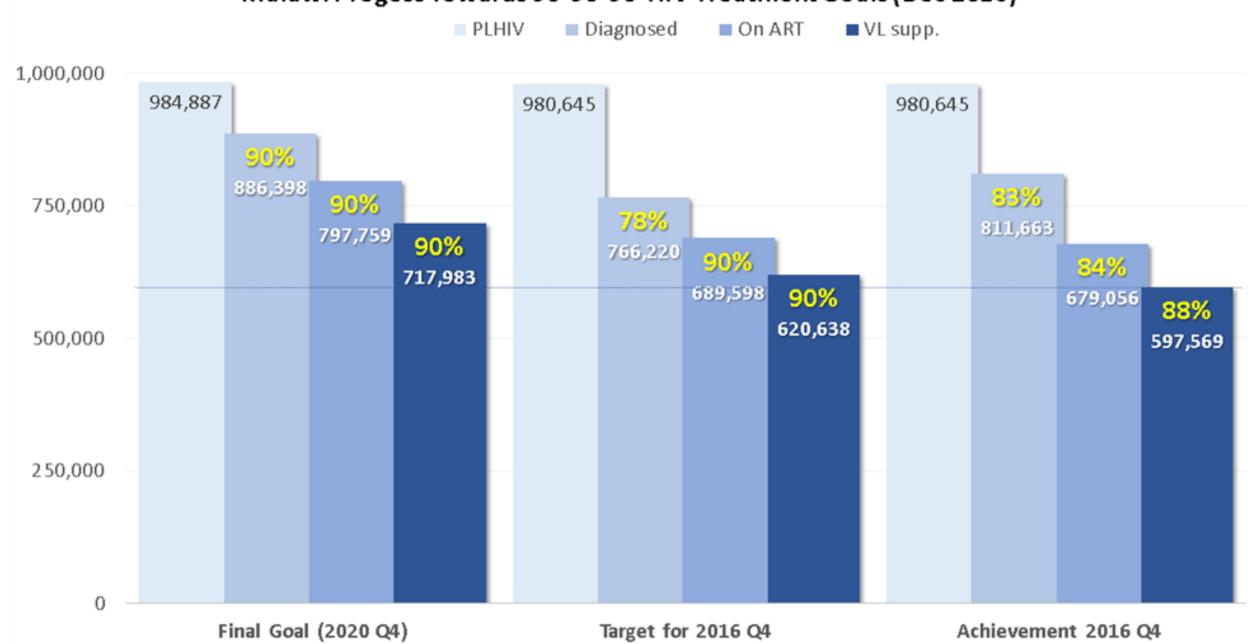








#### Malawi Progess Towards 90-90-90 HIV Treatment Goals (Dec 2016)

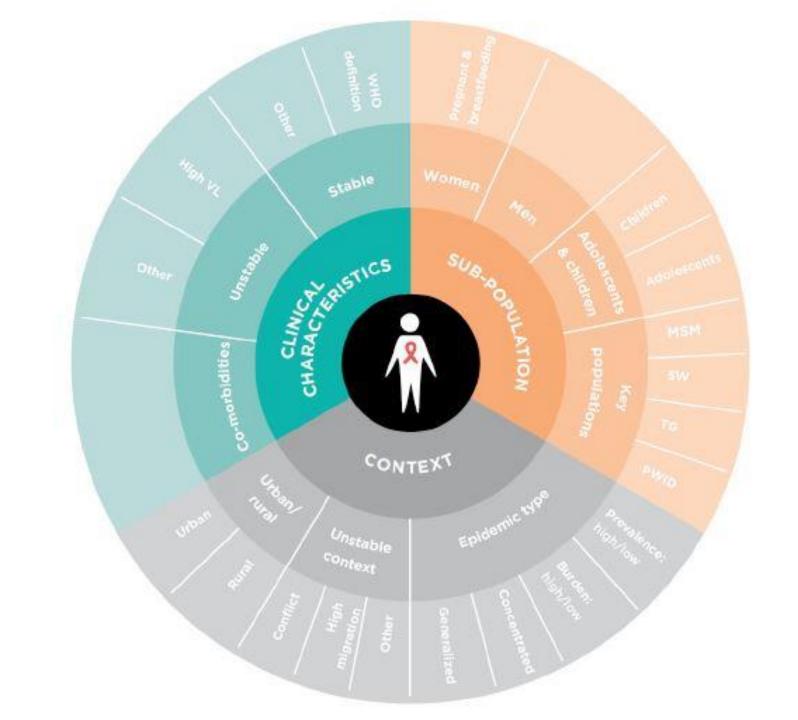


## Introduction to differentiated service delivery (DSD)

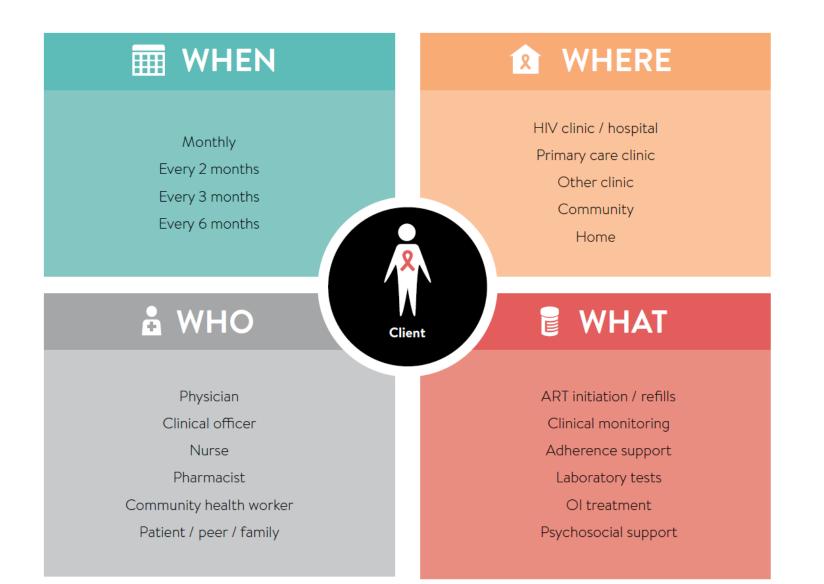
- Patient-centered approach to patient care
- Less intensive services for stable patients
- Need
  - Stable patients using limited resources
  - Populations that have special needs and may otherwise be left behind
- Models
  - Facility-based
  - Out-of-facility
  - Health care worker-managed
  - Client-managed



## Key elements



## Building blocks





#### DSD for families

- Families
  - Children, adolescents and pregnant and breastfeeding women (PBFW)
- Children
  - Psychosocial support, disclosure, adherence
- Adolescents
  - Adherence, socio-economic challenges, stigma, health facility challenges, school
- PBFW
  - Clinical review needs, needs of newly diagnosed



#### DSD for key populations

- Key populations
  - Sex workers, men who have sex with men, people who inject drugs, prisoners
- Issues
  - Comprehensive/integrated services
  - Linkages
  - Use of licit and illicit drugs
  - Stigma and discrimination
  - Legal barriers
  - Harm reduction
  - Confidentiality

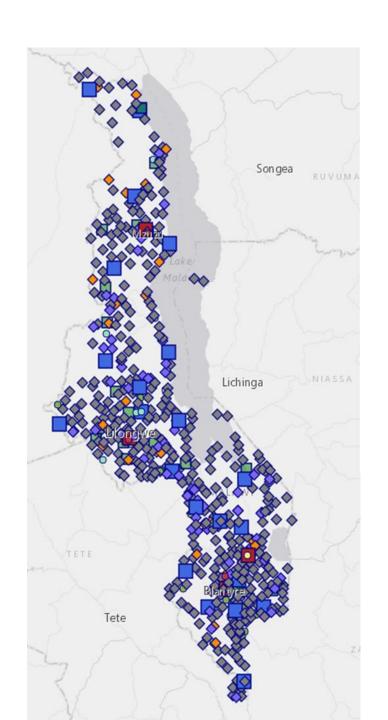


## DSDs in low resource settings Malawi example

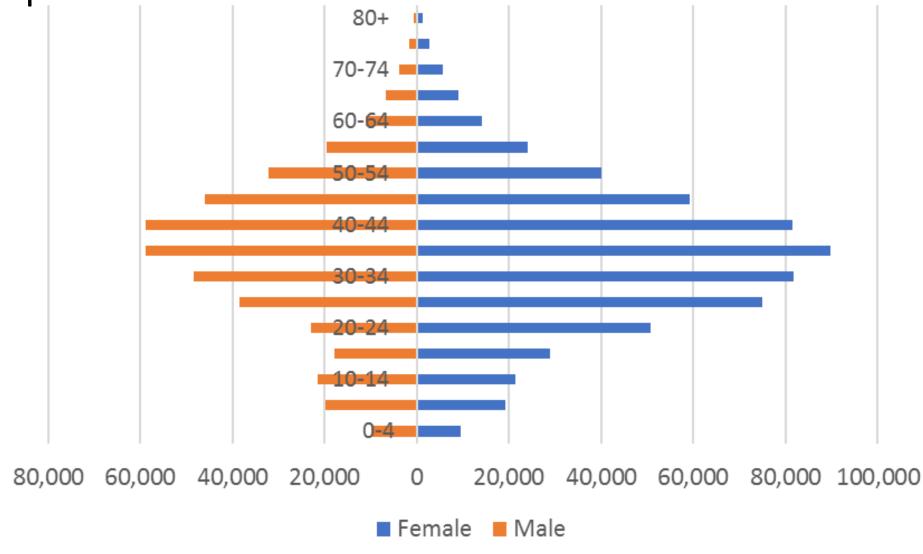


### Malawi highlights

- Population: 18.2 million (NSO projection, 2017)
- HIV prevalence: 8.9% (SPECTRUM 2017)
- About 1000 health facilities
  - 732 providing ART, decentralized care
- Significant health system challenges
  - HRH, diagnostics, infrastructure, funding
- 679,000 people on ART (69% of all PLWH)
- 3 month drug prescription is standard
- Highly task-shifted
- Test and treat
  - Implementation from April 2016



HIV population



#### DSD – families

- Mother-infant pairing
  - Mother and infant visits synced | ART/HIV Care clinic | Nurse/clinician |
    Mother review and drug pickup, EID, U5 care
- Teen clubs
  - 1-2 Monthly | ART clinic | Nurse and peers | Psychosocial support, ART refill, clinical review, VL testing
- Guardian-assisted drug pickup
  - 3-monthly, alternating between patient and guardian | Facility |
    Nurse/clinician | G: ART refill, P: ART refill, clinical review
- Option B+ (2011 2016)
  - Monthly (x6) for newly diagnosed, synced with ANC | Facility | Nurse/ clinician | Diagnosis + confirmation, early ART initiation, ANC care



#### DSD for key populations

- Drop-in centers
  - Monthly | DIC | Peer navigator, peer educator, nurse | HIV-: HTS, prevention services; HIV+: Adherence support; All: GBV screening and support, linkage to care, FP services, STI
- Outreach clinics
  - Monthly | DIC | Nurse/clinician | ART refill, clinical review, VL testing



#### Considerations in low-resource settings

#### When

- Storage capacity
- Safety of drugs expiry risk
- Availability of other drugs

#### Where

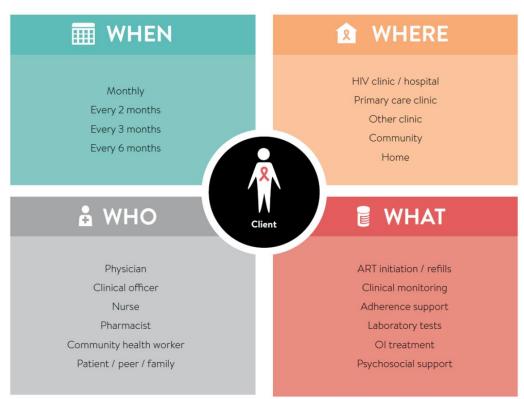
- Ability to supervise
- Commodity security
- Commodity accountability
- Integration with other diseases/conditions

#### Who

- Capacity of personnel
- Regulation

#### What

Laboratory capacity





#### Considerations

- Difficulty identifying key populations
- Monitoring and evaluation
- DSD paradox
  - In some settings some DSDs may increase the burden on the health system
- Continue improving care at standard health facilities
  - E.g. weekend clinics
- One coherent national program vs projects



#### Conclusion

- As we get closer to 90-90-90 the need for differentiated care increases
  - Stable patients
  - Populations left behind
  - Limited resources
- Design of models should take into consideration key contextual issues
- Peers are critical
- Maintain public health approach



## Thank you for your attention

