

**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

Welcome & framing

Anna Grimsrud and Lynne Wilkinson
International AIDS Society

Today's presenters

Introduction, Dr Anna Grimsrud, *International AIDS Society*

- **KENYA**

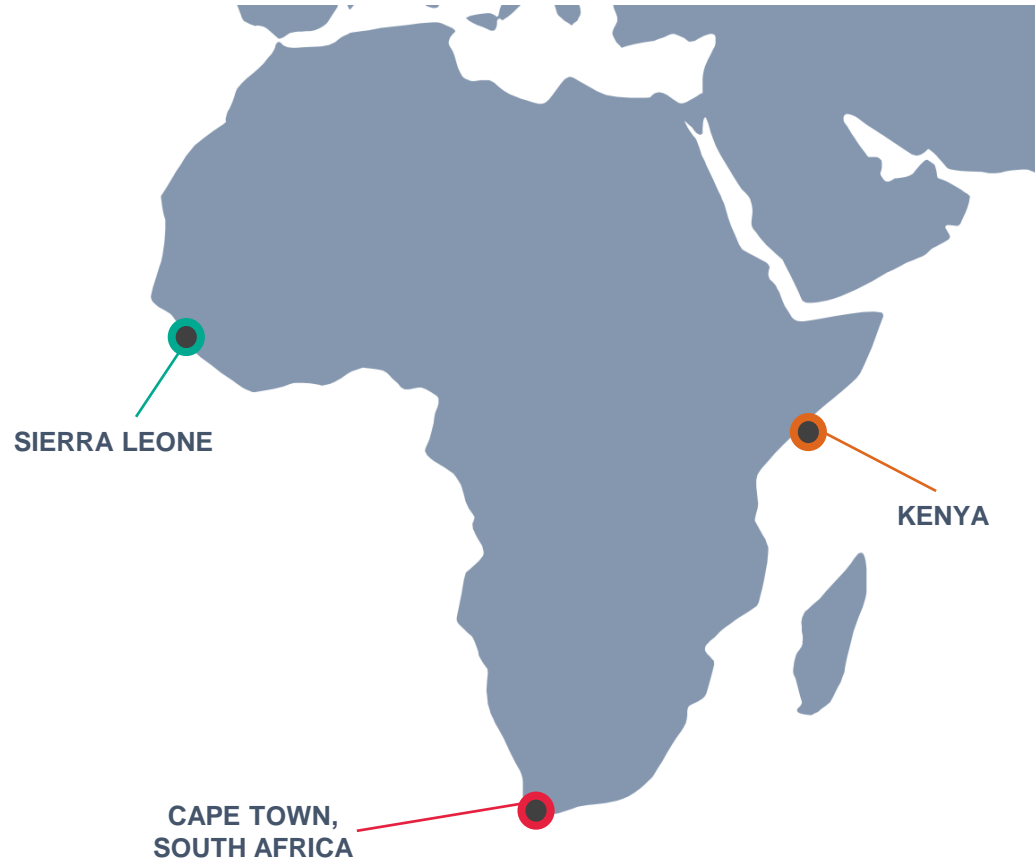
- **DSD in Kenya's HIV programme before and during COVID-19**, Dr Catherine Ngugi, *National AIDS and STI Control Programme*
- **Scaling up DSD in Kenya during COVID-19**, Dr Paul Wekesa, *Centre for Health Solutions*

- **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*

Today's panelists



Chris Akolo
FHI360
United States



Meg Doherty
*World Health
Organization*
Switzerland



Chris Mallouris
UNAIDS
South Africa



Hannah Marqusee
USAID
United States



Lillian Mworeko
*International Community
of Women living with
HIV Eastern Africa*
Uganda

Moderated discussion – Reflections from partners



**What positive advances
in DSD have you seen in
response to COVID-19
and which of these gains
should we work to
sustain?**

We believe that DSD is more than just longer ART refills. What's your definition of DSD?



How can DSD be leveraged to strengthen family planning care for women and girls living with HIV?



**DIFFERENTIATED
SERVICE DELIVERY**

For key populations, what lessons from DSD and COVID-19 do you hope will be carried forward?



How can we support and accelerate access to out-of-facility ART refills, including through community and private partnerships?

Visit www.differentiatedservicedelivery.org
for tools, resources, and more



SUPPLEMENT

LEVERAGING DIFFERENTIATED ART DELIVERY MODELS TO STRENGTHEN FAMILY PLANNING CARE

A supplement to A Decision Framework for antiretroviral therapy delivery

This supplement to A Decision Framework for antiretroviral therapy delivery outlines how models of differentiated antiretroviral therapy (ART) delivery can be leveraged towards strengthening family planning. The aim is to provide:

- An overview of differentiated service delivery (DSD)
- An overview of family planning (FP)
- Key principles for family planning in the context of differentiated ART delivery
- Guidance on how family planning could be integrated into differentiated ART delivery models using the DSD building blocks
- Case studies and examples of how family planning has been integrated into differentiated ART delivery models
- Take-home messages for leveraging differentiated ART delivery models to strengthen family planning care.

This supplement is intended for the use of national and district ART programme managers, implementing partners, community partners and donors. It should be read in conjunction with the comprehensive A Decision Framework for antiretroviral therapy delivery.

INTRODUCTION

What is differentiated service delivery?

Differentiated service delivery (DSD) is a client-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with HIV and reduce unnecessary burdens on the health system. For clients on antiretroviral therapy (ART), ministries of health have scaled up four models of differentiated ART delivery. Further details of these models can be found in the published A Decision Framework for antiretroviral therapy delivery. The models are:

- Facility-based individual models, such as fast-track, where individuals collect their ART refills at the health facility without queuing or seeing a clinician.
- Out-of-facility individual models, where individuals collect their ART refills from mobile ART services, fixed community distribution points or community pharmacies.
- Healthcare worker-managed groups in facilities or communities, such as adherence clubs, ART refill support groups or teen clubs. These are 10-30 clients booked to collect their ART at the same time as a group, usually within a health facility. A nurse, lay worker or peer facilitates the group with the aim of providing education, support and distributing medication (often pre-packed).
- Client-managed groups, such as community ART groups (CAGs). These are usually groups of 4-10 clients who meet in the community. Each group nominates a group leader and one member to collect medication for the rest of the group.

Now available
“Leveraging differentiated ART delivery models to strengthen family planning care”

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Thank you

<https://onlinelibrary.wiley.com/toc/17582652/2020/23/S2>