



Differentiated service delivery for HIV treatment in 2022

An AIDS 2022 pre-conference

Thursday, 28 July, 09:00 – 12:30 local time (EDT), Montreal Canada and virtually

https://www.differentiatedservicedelivery.org/Resources/Resource-Library/AIDS2022_DSD_preconference

Background

The scale up of differentiated service delivery (DSD) for HIV treatment in high HIV-burden countries in southern Africa has increased dramatically over the past decade – the result of supportive global normative guidance¹, considerable research evidence, ministries' implementation efforts, community demand and benefits to those established on HIV treatment. With the advent of COVID-19, DSD models were effectively leveraged and scaled, demonstrating resilience and adaptability². Adaptations to DSD for HIV treatment models included expanding eligibility criteria, extending antiretroviral therapy (ART) refills durations and intensifying community-based service delivery³.

Despite this large-scale ART programme resilience, COVID-19 challenges added to existing economic, societal and individual pressures on people living with HIV, increasing interruptions and further requiring ART programme adjustment to the cyclical nature of the HIV treatment pathway⁴.

Overview

In line with the AIDS 2022 conference theme "Re-engage and follow the science", this three-hour preconference will spotlight the important role of DSD in supporting HIV treatment continuity and re-engagement in care of people living with HIV who have experienced treatment interruptions. In 2020, many countries adapted and expanded DSD for HIV treatment to meet the challenges raised by the COVID-19 pandemic. Around the world, countries released interim policies

¹ World Health Organization, 2021, *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach*.

² Journal of the International AIDS Society, 2021, *Differentiated service delivery for HIV during COVID-19: lessons and opportunities*.

³ Grimsrud A, Wilkinson L, 2021, *Acceleration of differentiated service delivery for HIV treatment in sub-Saharan Africa during COVID-19*. IAS, 24(6).

⁴ UNAIDS, 2021. *Consultation calls for the global AIDS response to build on emergency adaptations to COVID-19, tackle structural barriers and ensure that country programmes fully recover from COVID-19 disruptions and end AIDS*.



expanding eligibility for DSD, antiretroviral therapy (ART) refills and prescriptions and recommending community-based models.

Over two years into the pandemic, it is now time to bring together stakeholders in the global and local HIV response to reflect on lessons learnt and the way forward to better support people living with HIV to continue their treatment and re-engage in care.

In this three-part pre-conference, opening presentations will outline the current state of DSD for HIV treatment in 2022 in terms of the global and country policies, evidence and implementation. Speakers will highlight the critical role that DSD for HIV treatment played in response to addressing COVID-19 challenges. Many of these COVID-19 adaptations unlocked previous barriers to DSD implementation, at least temporarily. Further, data will be shared to highlight which policies to support DSD should be updated, both in terms of making COVID-19 emergency measures "the new normal" and in terms of adopting updated DSD recommendations made in the World Health Organization's updated HIV guidelines, published in 2021.

While tremendous gains have been made, there are considerable opportunities for DSD to support successful service delivery model transitions and improve sustained re-engagement for those who return to care after periods of disengagement. In the second and third parts of this pre-conference, opportunities for further innovation will be outlined and attendees asked to engage and contribute to shaping a collaborative way forward.

Agenda

Session 1: DSD for HIV treatment in 2022: Building stronger HIV programme resilience

This opening session will provide the background and framing to the pre-conference

09:00-10:00	Session 1	Speakers
09:00-09:05	Opening and welcome remarks	Co-chair 1 Nittaya Phanuphak, IHRI, Thailand Co-chair 2 – Wafaa El-Sadr, ICAP at Columbia, USA
09:05-09:15	1.1 Resilience and scale of HIV treatment programmes during COVID-19	Meg Doherty, WHO, Switzerland
09:15-09:25	1.2 How COVID-19 expanded eligibility to DSD	Anna Grimsrud, IAS, South Africa
09:25-09:35	1.3 Extending ART refills to ensure uninterrupted supply	Lauren Bailey, USAID, USA
09:35-09:45	1.4 The importance of community-based models of ART delivery	Lotti Rutter, Health GAP, South Africa
09:45-09:55	1.1 Integrating non-HIV services within DSD for HIV treatment	Tsitsi Apollo, Ministry of Health and Child Care, Zimbabwe
09:55-10:00	Q&A / Discussion	
10:00-10:15	Break	

Session 2: Moving into, out of and between service delivery models: Changing needs, a changing DSD model

This session will focus on enabling required service delivery model transitions either due to a change in population group or increased/reduced intensity of clinical management

10:15-11:15	Session 2	Speakers
10:15-10:17	Introduction	Co-chair 1 Siobhan Crowley / Vindi Singh, The Global Fund, Switzerland Co-chair 2 Lazarus Momanyi, NASCOP, Kenya
10:17-10:27	2.1. Enabling successful transitions within DSD for HIV treatment	Lynne Wilkinson, IAS, South Africa
10:27-10:37	2.2. Supporting HIV care during adolescence to early adulthood	Stanley Ngoma, Ministry of Health, Malawi
10:37-10:47	2.3. Moving between DSD models as needs change	Cordelia Katureebe, Ministry of Health, Uganda
10:47-10:57	2.4 Managing elevated viral loads within a group DSD model	Hélder Macul, Ministry of Health, Mozambique
10:57-11:07	2.5 DSD before, during and after pregnancy	Lillian Mworeko, ICWEA, Uganda
11:07-11:15	Q&A / Discussion	
11:15-11:30	Break	
<h2>Session 3: DSD to support sustained re-engagement: It shouldn't be one-size-fits all</h2> <p><i>With more people in high HIV- burden countries in Eastern and Southern Africa now re-engaging than initiating treatment, it is time to re-orient health systems to support successful re-engagement in HIV treatment services. There is also a role for differentiation at the point of re-engagement – a one-size-fits all approach will not work for everyone.</i></p>		
11:30-12:30	Session 3	Speakers
11:30-11:32	Introduction	Co-chair 1 Solange Baptiste, ITPC, South Africa Co-chair 2 – Geoff Garnett, BMGF, USA
11:32-11:42	3.1. Changing epidemic: From initiation to re-engagement	Katy Godfrey, OGAC, USA
11:42-11:52	3.2. Why people disengage from HIV treatment programmes	Kombatende Sikombe, CIDRZ, Zambia
11:52-12:02	3.3. It's time for differentiation at re-engagement	Helen Bygrave, IAS, UK
12:02-12:12	3.4. The South Africa case for DSD at re-engagement: Policy and implementation	Diana Mokoena, Anova, South Africa
12:12-12:25	Moderated discussion: Where to from here?	
12:25-12:30	Wrap-up and closing remarks	

