



 IAS 2021



What's new in DSD for HIV treatment: from WHO recommendations to reality

Nathan Ford, World Health Organization, Switzerland

Anna Grimsrud, IAS – the International AIDS Society, South Africa

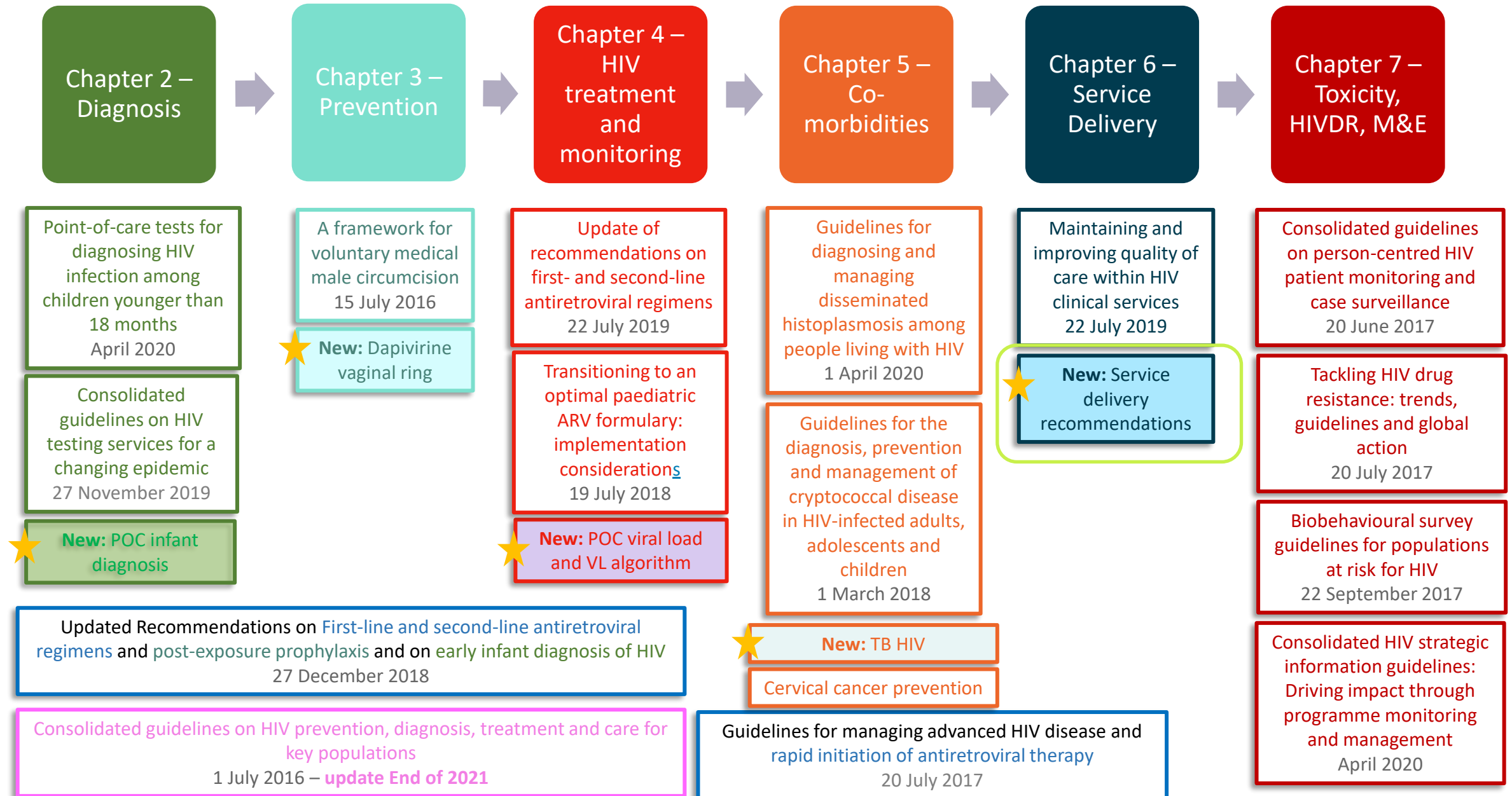
WHO launched updated HIV clinical and service delivery recommendations in March 2021



World Health
Organization



Updating the Consolidated HIV Guidelines



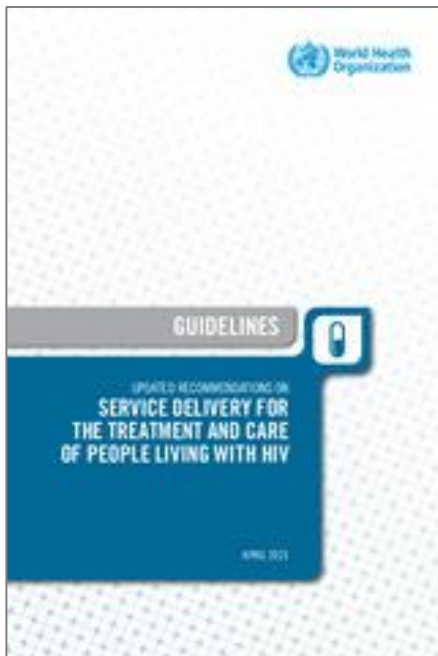
WHO Global satellite sessions at IAS 2021

Sunday, July 18th

- On the path to eliminate cervical cancer: New WHO recommendations on screening and treatment for women living with HIV
- Coming into its own: self-testing in the time of COVID-19 and beyond
- What's new in the WHO Consolidated HIV guidelines – prevention, treatment, monitoring & service delivery
- What will it take to reach the SDGs: WHO updated global health sector strategies – new data and new targets

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

- Eight recommendations (four new, four updated) and four good practice statements



“These guidelines update provide updated recommendations and good practice statements in the following areas:

- Starting ART, including initiating treatment outside the clinic and
- Support for same-day ART start; frequency of clinical visits and ART refills;
- Measuring adherence; tracing and re-engagement in care;
- Psychosocial support for adolescents living with HIV; task sharing for diagnostic services; and service integration.”

1. Expanding eligibility for DSD for HIV treatment

2. Extending multi-month dispensing (MMD) and reducing the frequency of clinical consultations

Adaptations to DSD for HIV treatment in response to COVID-19

3. Emphasizing community-based models

4. Integrating/aligning with tuberculosis (TB) preventive therapy, non-communicable disease (NCD) treatments and family planning commodities



National policy dashboards of differentiated service delivery for HIV treatment

June 2021

International AIDS Society

iasociety.org

Available on: www.differentiatedservicedelivery.org
or directly at bit.ly/DSDdashboards

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- Regimens eligible in DSD for HIV treatment

Dashboards on duration of ART refills and frequency of clinical consultations

- Maximum duration of ART refills for adults in DSD for HIV treatment
- Maximum duration of ART refills by age group
- Frequency of clinical consultations among those in DSD for HIV treatment models

Dashboards on integration of other health services

- Integration of TB preventive therapy in DSD for HIV treatment models
- Integration of NCD treatment refills in DSD for HIV treatment models
- Integration of FP commodities in DSD for HIV treatment models

Dashboards on community-based and group models

- Endorsement of group models of DSD for HIV treatment
- Endorsement of community models of DSD for HIV treatment

NEW – Recommendation

ART initiation may be offered outside the health facility

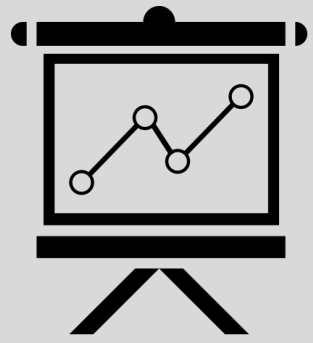
Conditional recommendation; low- to moderate-certainty evidence

HIV testing is increasingly offered in the community

WHO recommends same-day ART start

This new recommendation is supported by a systematic review (3 RCTs, 4 observational studies) which found:

- Increased ART initiation
- Increased retention in care
- Increased viral suppression



*Implementation experience

Community ART initiation:
implementation experience from Lesotho
Thabo Ishmael Lejone, Lesotho

NEW - Good practice statement

The offer of same-day ART initiation should include approaches to improve uptake, treatment adherence and retention such as tailored patient education, counselling and support

An evidence review found 26 studies supporting uptake of same-day ART start
Strategies could be classified into:

- strategies targeting clients
- strategies targeting health-care providers
- strategies targeting the health system.

Evidence indicated that all these approaches were associated with increased uptake of ART, suppression of viral loads at 12 months and retention in care at 12 months

Re-validated - Recommendation

People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible
Strong recommendation; moderate-certainty evidence

Re-validated - Recommendation

People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible
Strong recommendation; moderate- to low-certainty evidence



MAXIMUM DURATION OF ART REFILLS FOR ADULTS WITHIN DSD FOR HIV TREATMENT

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	<3MMD	3MMD	3-6MMD	6MMD
Angola				
Burkina Faso				
Burundi*				
Cameroon				
Cote D'Ivoire				
DRC				
Eswatini				
Ethiopia				
Ghana*				
Guinea				
Haiti				
India				
Kenya				
Laos				
Lesotho				
Liberia				
Malawi				
Mozambique				
Myanmar*				
Namibia				
Nepal				
Nigeria				
Papua New Guinea				
Rwanda				
Senegal				
Sierra Leone				
South Africa*				
South Sudan				
Tanzania*				
Togo				
Uganda				
Zambia				
Zimbabwe*				

Key

- National policy
- Duration dependent on model
- COVID-19 policy adaptation
- Duration dependent on model

References

Click on the ovals in the table to access the referenced policy.

Notes

Burundi: Implementation plan differs with 3-6MMD

Ghana: 6MMD for facility-based individual DSD models where supply chain allows

Myanmar: Graduation to 6MMD from 12 months on ART

South Africa: 3MMD encouraged for TLD regimen in COVID policy

Tanzania: 3MMD graduating to 6MMD

Zimbabwe: 6MMD for mobile populations (National policy)



FREQUENCY OF CLINICAL CONSULTATIONS AMONG THOSE IN DSD FOR HIV TREATMENT

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	3-monthly	3-6-monthly	6-monthly	6-12-monthly	Annual
Angola					●
Burkina Faso*					●
Burundi		●			
Cameroon	●				
Cote D'Ivoire			●		
DRC				●	
Eswatini			●		
Ethiopia			●		
Ghana*			●		
Guinea*					●
Haiti*			●		
India	●				
Kenya			●		
Laos		●			
Liberia			●		
Malawi			●		
Mozambique*			●		
Myanmar		●			
Namibia*					●
Nepal			●		
Nigeria	●				
Papua New Guinea			●		
Rwanda			●		
Senegal		●			
Sierra Leone			●		
South Africa*				●	●
South Sudan			●		
Tanzania*			●		
Togo			●		
Uganda*			●		
Zambia			●		
Zimbabwe*					●

Key

- National policy
- COVID-19 policy adaptation

References

Click on the ovals in the table to access the referenced policy.

Notes

Burkina Faso: 6 monthly consultations for first DSD year then annual

Ghana: 3 monthly consultations for children >2 years until on adult ART doses

Guinea: 6 monthly consultations from 6-12M then annual

Haiti: 3 monthly telephone check-up

Mozambique: 3 monthly if 2-9 yrs, on IPT or lactating

Namibia: 6-month ART prescriptions

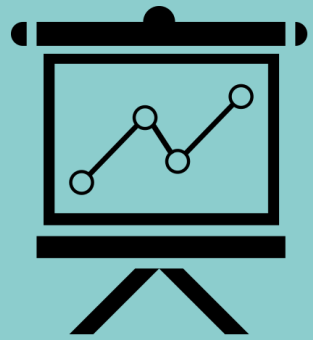
South Africa: 6-month ART prescriptions

Tanzania: Annual consultations for migrant populations

Uganda: 3 monthly consultations for children >2 yrs and adolescents (10-19yrs)

Zimbabwe: 6 monthly consultations if viral load testing not available /Adolescents 6 monthly/ Children >2 years 3 monthly

*Implementation experience



Annual clinic visits and extended ART refills
in different DSD for HIV treatment models:
implementation research experience from
Lesotho and Zimbabwe

Geoffrey Fatti, Kheth'Impilo, South Africa

NEW – Recommendation

HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement

Strong recommendation; low-certainty evidence

Systematic review identified 37 studies to support tracing and re-engagement in care

Overall, 60% of individuals re-engaged in care

Approaches included remote communication (phone, text, mail and email), in-person tracing and a combination

Clients should be provided with the opportunity to consent to tracing

*Implementation experience



Interventions to support re-engagement to care: best practices from PEPFAR partners
Catherine Godfrey, Office of the Global AIDS Coordinator, United States

Criteria for determining whether a person is established on ART

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

- receiving ART for at least 12 weeks
- no current illness or other conditions that may affect health
- good adherence to ART, as assessed by a health care provider
- evidence of adherence counselling
- at least one suppressed viral load result within the past 12 months (if viral load is not available: CD4 count >200 cells/mm³ or weight gain, absence of symptoms and concurrent infections).

Does not EXCLUDE those who are currently pregnant
Does not EXCLUDE those with well-controlled chronic health conditions
No age criteria

Criteria for determining whether a person is established on ART

To support the implementation of these recommendations, WHO has developed criteria for determining whether a person has been

SUCCESSFULLY ESTABLISHED ON ART

- receiving ART for at least 6 months
- no current or recent symptoms of HIV disease
- good adherence to ART
- 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 weight gain, absence of symptoms and concurrent infections).

“The definition of being established on ART (stability) should be applied to all populations, including those receiving second- and third-line regimens, those with controlled comorbidities, children, adolescents, pregnant and breastfeeding women and key populations.”

Eligibility overall

Dashboards on eligibility criteria

Time on ART before eligible for DSD for HIV treatment

Eligibility for pregnant and breastfeeding women in DSD for HIV treatment

Eligibility of children (0-14 years) in DSD for HIV treatment

Eligibility of older adolescents (15-18 years) in DSD for HIV treatment

Regimens eligible in DSD for HIV treatment



ELIGIBILITY FOR PREGNANT AND BREASTFEEDING WOMEN IN DSD FOR HIV TREATMENT

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	Excluded	Not specified	Limited inclusion		
			Stable before this pregnancy	Postpartum	Pregnant
Angola					
Burkina Faso					
Burundi					
Cameroon					
Cote D'Ivoire					
DRC					
Eswatini*					
Ethiopia					
Ghana*					
Guinea*					
Haiti*					
India					
Kenya					
Laos					
Liberia					
Malawi					
Mozambique*					
Myanmar					
Namibia*					
Nepal					
Nigeria					
Papua New Guinea					
Rwanda					
Senegal					
Sierra Leone					
South Africa*					
South Sudan*					
Tanzania					
Togo					
Uganda*					
Zambia					
Zimbabwe*					

Key

- National policy
- COVID-19 policy adaptation
- * Only alignment of MMD and ANC/PNC visits
- 3 3MMD only

References

Click on the ovals in the table to access the referenced policy.

Notes

Eswatini: 'Non-COVID' policy: allows breastfeeding women in clubs in certain circumstances

Ghana: 3MMD from 6M postpartum

Guinea: 3MMD from 1M before birth if VL<1000; special provision for women who give birth away from home if on ART from 1st/2nd trimester

Haiti: From 6M postpartum

Mozambique: From 9M postpartum if infant is HIV, from 6M postpartum women are eligible for 3MMD

Namibia: 3MMD, but only in facility-based models

South Africa: Stable postpartum women eligible if no integrated ART/MCH care

South Sudan: Stable before this pregnancy: only eligible if already in a DSD model and VL<1000 in last 3M; Postpartum: Only qualify as stable after 12M on ART, and if infant is HIV negative

Uganda: Stable before this pregnancy: Only eligible if aligned with ANC/PNC visits; Postpartum: Only qualify as stable after 12M on ART

Zimbabwe: Only eligible if aligned with ANC/PNC visits



DSD ART REFILL LENGTH BY AGE GROUP

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	Not Specified	Excluded	<3MMD	3MMD	3-6MMD	6MMD
Angola	2 5 10			A		
Burkina Faso*		2 5				10 A
Burundi*		2 5		10 A		
Cameroon		2 5 10		A		
Cote D'Ivoire	2 5 10			2 5 10 A	A	
DRC*		2 5			10 A	10 A
Eswatini*		2 5 10		A 2 5 10	A	
Ethiopia*				2 5 10		A
Ghana*				2 5 10	A 10	
Guinea*						2 5 10 A
Haiti	2 5 10				A	
India			2 5 10	A		
Kenya*				2 5 10 A		
Laos		2 5 10			A	
Lesotho*					2 5 10 A	
Liberia		2 5 10		2 5 10		A
Malawi*		2 5 10			A	5 10 A
Mozambique*				2 5 10		A
Myanmar*	2 5 10				A	
Namibia*						2 5 10 A
Nepal	2 5 10					A
Nigeria		2 5 10		A		
Papua New Guinea		2 5 10			A	
Rwanda*		2 5		10 A		
Senegal	2 5 10				A	
Sierra Leone*		2		10 A	A	
South Africa		2		5 10 A		
South Sudan*				2 5 10 A	A	
Tanzania*		2		10 A	A	
Togo		2 5			10 A	
Uganda*				2 5 10		A
Zambia		2		2 5		10 A
7 Zimbabwe*				2 5 10 A	2 5 10 A	

Key

- Policy for 2-5 years (younger child)
- Policy for 5-10 years (child)
- Policy for 10-19 years (adolescent)
- Policy for >19 years (adults, excluding people who are pregnant or breastfeeding)

- National policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

Burkina Faso: >12 years qualify for adult refill duration (6MMD)

Burundi: Implementation plan differs with 3-6MMD

DRC: >15 years qualify for adult refill duration (3-6MMD normal policy, 6MMD COVID policy)

Eswatini: Refill duration dependent on model for both latest national and COVID policy

Ethiopia: COVID policy allows <15 years to qualify for 3MMD. Latest national policy allows all stable patients to receive 6MMD (assumed includes >15 years)

Ghana: 6MMD for facility-based individual DSD models where supply chain allows for those on adult doses (must be fully disclosed if <19 years)

Guinea: Children and adolescents eligible for 6MMD if receiving with caregiver and on ART >6 months, or >15 years if alone

Kenya: Children/adolescents eligible for DSD/MMD if caregivers are stable

Lesotho: Stable patients eligible for 3-6MMD, but age range not specified

Malawi: Duration is model dependent in COVID policy; age criteria not given for COVID policy, but must be >20kg

Mozambique: 2-9 years eligible if caregiver in same DSD model

Myanmar: 3-6MMD graduating to 6MMD at 12 months on ART

Namibia: Duration dependent on model, <19 years at discretion of clinician

Rwanda: Policy inconsistencies: states that adolescents (10-19 years) in school are eligible for 3MMD, but also, <15 years only 1MMD unless in boarding school

Sierra Leone: 5-10-years eligible if stable on adult doses

South Sudan: Children and adolescents eligible once on ART for 12 months (same regimen for 3 months). COVID policy doesn't specify age but NCD and >50 years prioritized

Tanzania: 3MMD graduating to 6MMD for adults

Uganda: 6MMD can be considered for "high-risk" adults, where frequent attendance could compromise adherence

Zimbabwe: Latest national policy: 6MMD for mobile populations

Re-validated - Recommendation

Sexual and reproductive health services, including contraception, may be integrated within HIV services

Conditional recommendation; very-low-certainty evidence

NEW – Recommendation

Diabetes and hypertension can be integrated with HIV services

Conditional recommendation; very-low-certainty evidence



INTEGRATION OF FAMILY PLANNING WITHIN DSD FOR HIV TREATMENT MODELS

	Not specified	Alignment of clinic visit for FP and HIV	Some FP commodities MMD with ART refills	Some FP commodities integrated into specific models of DSD for HIV treatment
Angola				
Burkina Faso				
Burundi				
Cameroon				
Cote D'Ivoire				
DRC				
Eswatini*				
Ethiopia*				
Ghana*				
Guinea				
Haiti				
India				
Kenya*				
Laos				
Lesotho				
Liberia				
Malawi				
Mozambique*				
Namibia				
Nepal				
Nigeria				
Papua New Guinea				
Rwanda				
Senegal				
Sierra Leone				
South Africa				
South Sudan				
Tanzania				
Togo				
Uganda*				
Zambia				
Zimbabwe*				

Key

- National policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

Eswatini: FP included in clinical consultation for all models; oral contraceptive refills provided for same duration as ART refills in COVID policy

Ethiopia: Oral contraceptive refills provided for same duration as ART refills in COVID policy

Ghana: Injectable contraceptive aligned with ART refills

Kenya: FP commodities provided within facility-based and healthcare workers led community-based HIV treatment models

Mozambique: In the one-stop-shop models (maternal and child health and youth-friendly services) some family planning commodities are integrated into DSD for HIV treatment.

Uganda: FP commodities provided within community-based HIV treatment models (CDDPs and CCLADs)

Zimbabwe: FP commodities provided within facility-based adolescent HIV treatment models



INTEGRATION OF NON-COMMUNICABLE DISEASE REFILLS WITHIN DSD FOR HIV TREATMENT MODELS

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	Not specified	Clients on NCD treatment excluded	Alignment of clinic visit for NCD and HIV	NCD refills MMD with ART refills	NCD treatment integrated with DSD for HIV treatment
Angola	●				
Burkina Faso	●				
Burundi	●				
Cameroon	●				
Cote D'Ivoire	●				
DRC	●				
Eswatini	●				
Ethiopia		●			
Ghana*					●
Guinea	●				
Haiti	●				
India	●				
Kenya	●				
Laos	●				
Lesotho	●				
Liberia	●				
Malawi	●				
Mozambique*	●			●	
Namibia	●				
Nepal	●				
Nigeria	●				
Papua New Guinea	●				
Rwanda*			●		
Senegal	●				
Sierra Leone	●				
South Africa*					●
South Sudan	●				
Tanzania	●				
Togo	●				
Uganda*				● ●	
Zambia	●				
Zimbabwe*					●

Key

- National policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

Ghana: NCD treatment to be provided through same DSD for HIV treatment models for the same duration refill if available

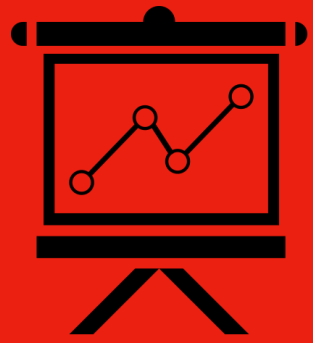
Mozambique: The interim COVID-19 policy states that where possible, NCD treatment must be integrated with ART refills (3MMD)

South Africa: NCD (hypertension and diabetes treatment) fully integrated into DSD for HIV treatment models with same refill duration

Uganda: Those with other chronic co-morbidities (hypertension, diabetes, cardiac diseases, and renal diseases) can be considered established on treatment if their co-morbidities are controlled. COVID-19 policy enables alignment of NCD (diabetes and hypertension) treatment and ART refill durations

Zimbabwe: Clinical and NCD treatment refills aligned with DSD in normal policy, COVID-19 policy notes that clients with diabetes, cancer, hypertension and other cardiovascular conditions should be prioritized for MMD

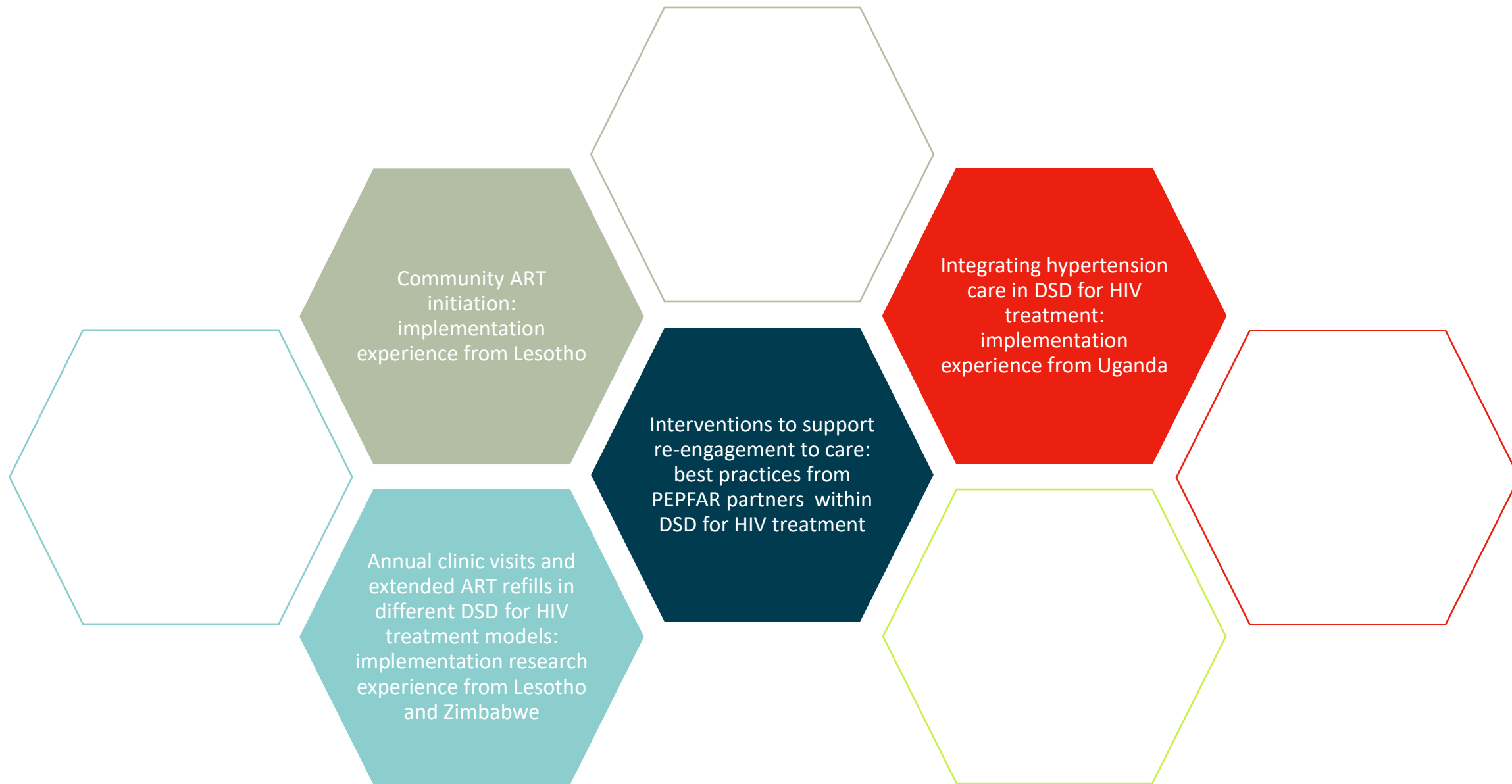
*Implementation experience



Integrating hypertension care in DSD for HIV treatment: implementation experience from Uganda

*Martin Muddu, Aids Health Organization-Uganda
Care, Uganda*

Overview of the session



Overview of the session

