Wafaa El-Sadr, ICAP at Columbia, USA & Nittaya Phanuphak, IHRI, Thailand

Differentiated service delivery for HIV treatment in 2022

AIDS 2022

Conflict of interest disclosure

We have no relevant financial relationships with ineligible companies to disclose.

AIDS 2022

Differentiated service delivery for HIV treatment in 2022

- **Session 1 (09:00-10:00)**
  DSD for HIV treatment in 2022: Building stronger HIV programme resilience
- **Session 2 (10:15-11:15)**
  Moving into, out of and between service delivery models: Changing needs, a changing DSD model
- **Session 3 (11:30—12:30)**
  DSD to support sustained re-engagement: It shouldn’t be one-size-fits all

AIDS 2022

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

Session co-chairs

Nittaya Phanuphak
IHRI, Thailand

Wafaa El-Sadr
ICAP at Columbia, USA

Session presenters

Meg Doherty
WHO, Switzerland

Anna Grimsrud
IAS, South Africa

Lauren Bailey
USAID, USA

Maureen Milanga
Heath GAP, Kenya

Tsitsi Apollo
Ministry of Health and Child Care, Zimbabwe

Overview of session 1

DSD for HIV treatment in 2022: Building stronger HIV programme resilience
• **Resilience and scale of HIV treatment programmes during COVID-19,** Meg Doherty, WHO, Switzerland
• **How COVID-19 expanded eligibility to DSD**, Anna Grimsrud, IAS, South Africa
• **Extending ART refills to ensure uninterrupted supply**, Lauren Bailey, USAID, USA
• **The importance of community-based models of ART delivery**, Maureen Milanga, Health GAP, Kenya
• **Integrating non-HIV services within DSD for HIV treatment**, Tsitsi Apollo, Ministry of Health and Child Care, Zimbabwe
• Q&A / Discussion

AIDS 2022

Please engage

#AIDS2022

Post your questions virtually

Meg Doherty, WHO, Switzerland

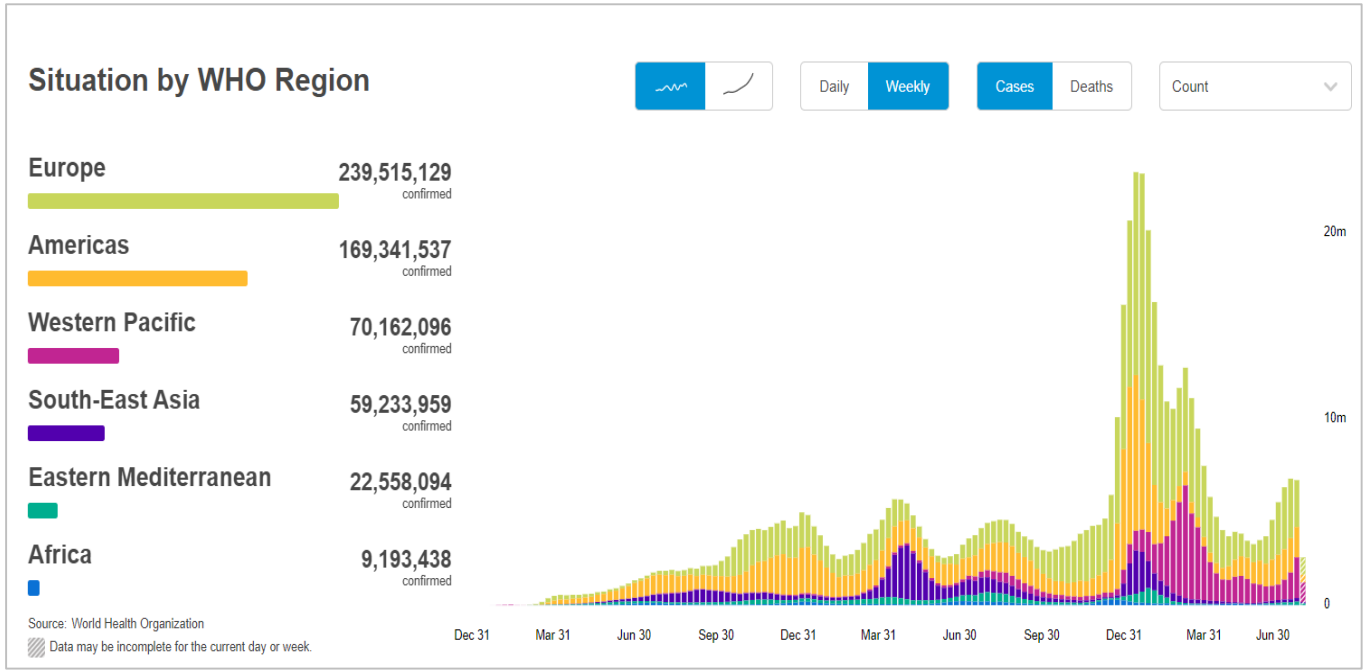
DSD for HIV treatment in 2022

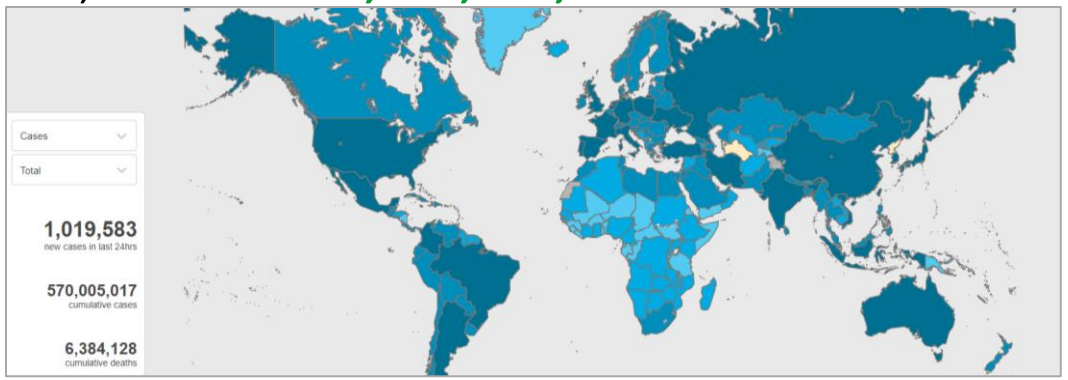
Resilience and scale of HIV treatment programmes during COVID-19

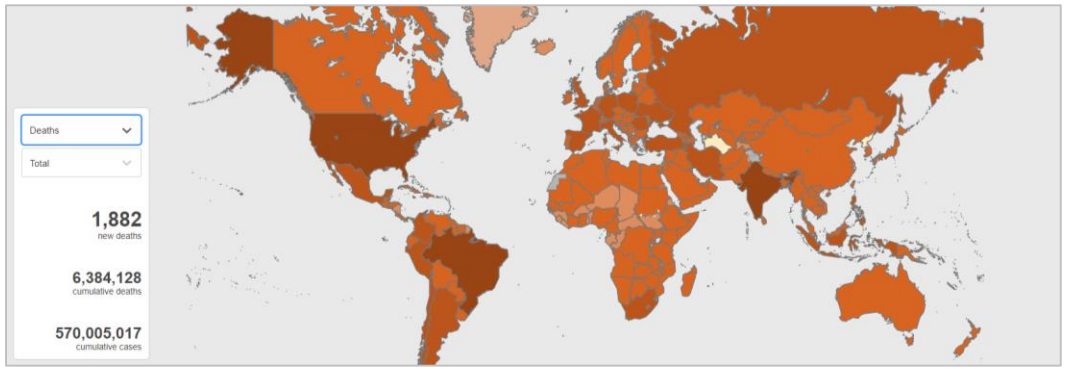
AIDS 2022

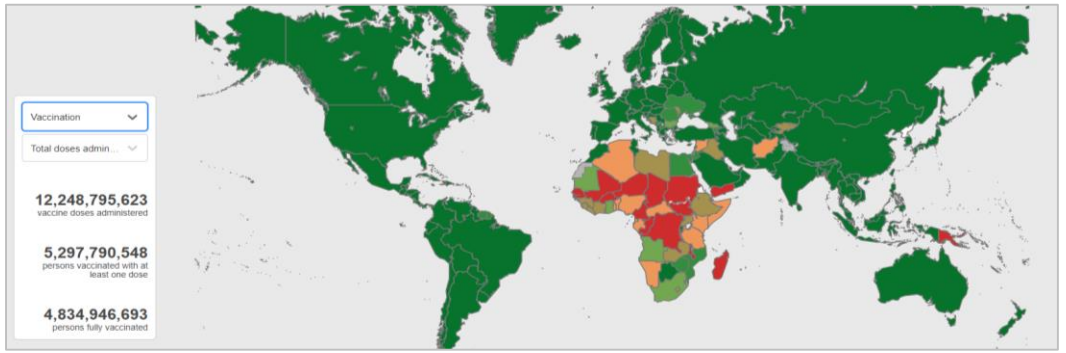
COVID-19 Situation: COVID-19 is not over

Globally, as of **4:28pm CEST, 27 July 2022**, there have been **570,005,017 confirmed cases** of COVID-19, including **6,384,128 deaths**, reported to WHO. As of **26 July 2022**, a total of **12,248,795,623 vaccine doses** have been administered.



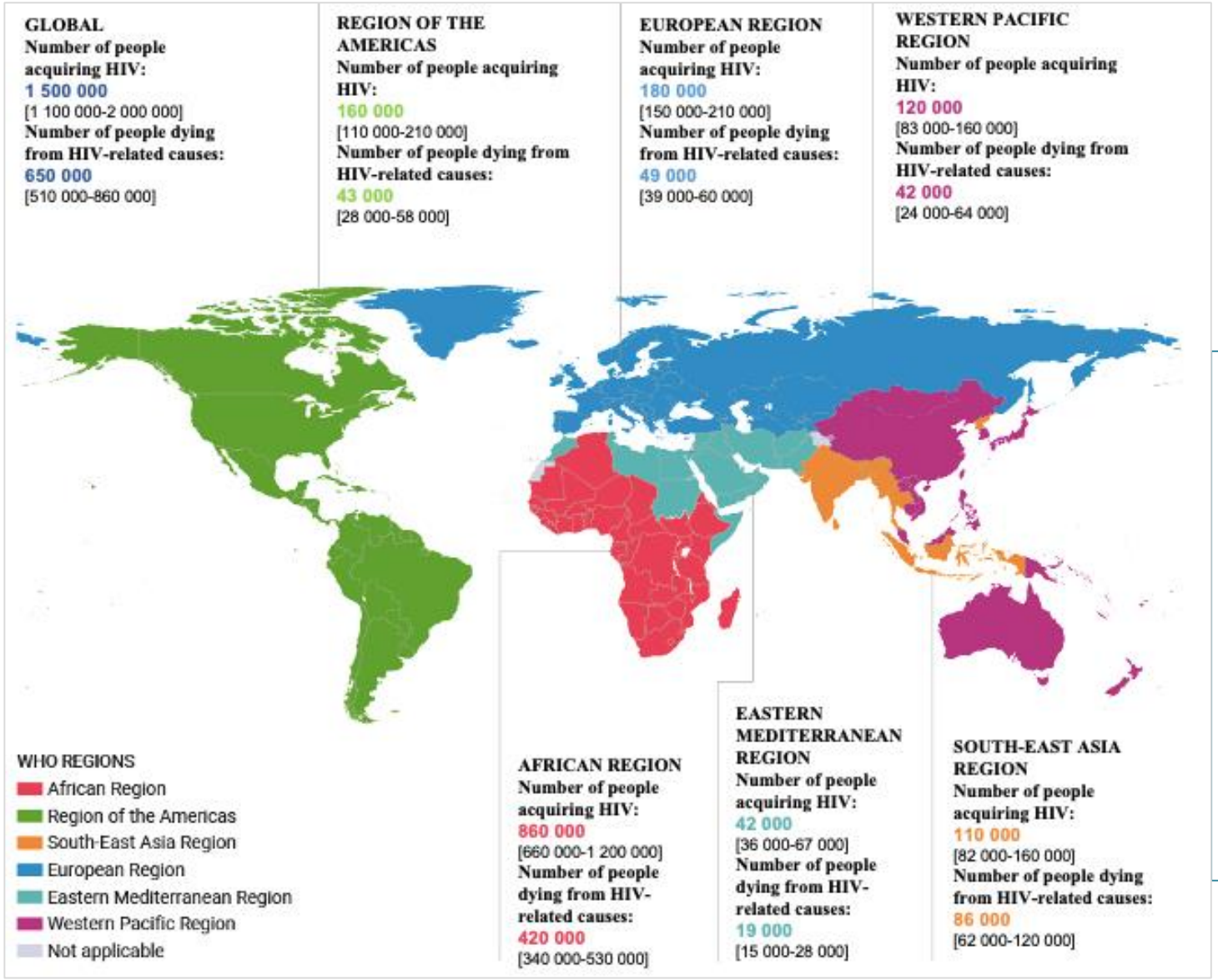






Global and regional HIV epidemic, 2021

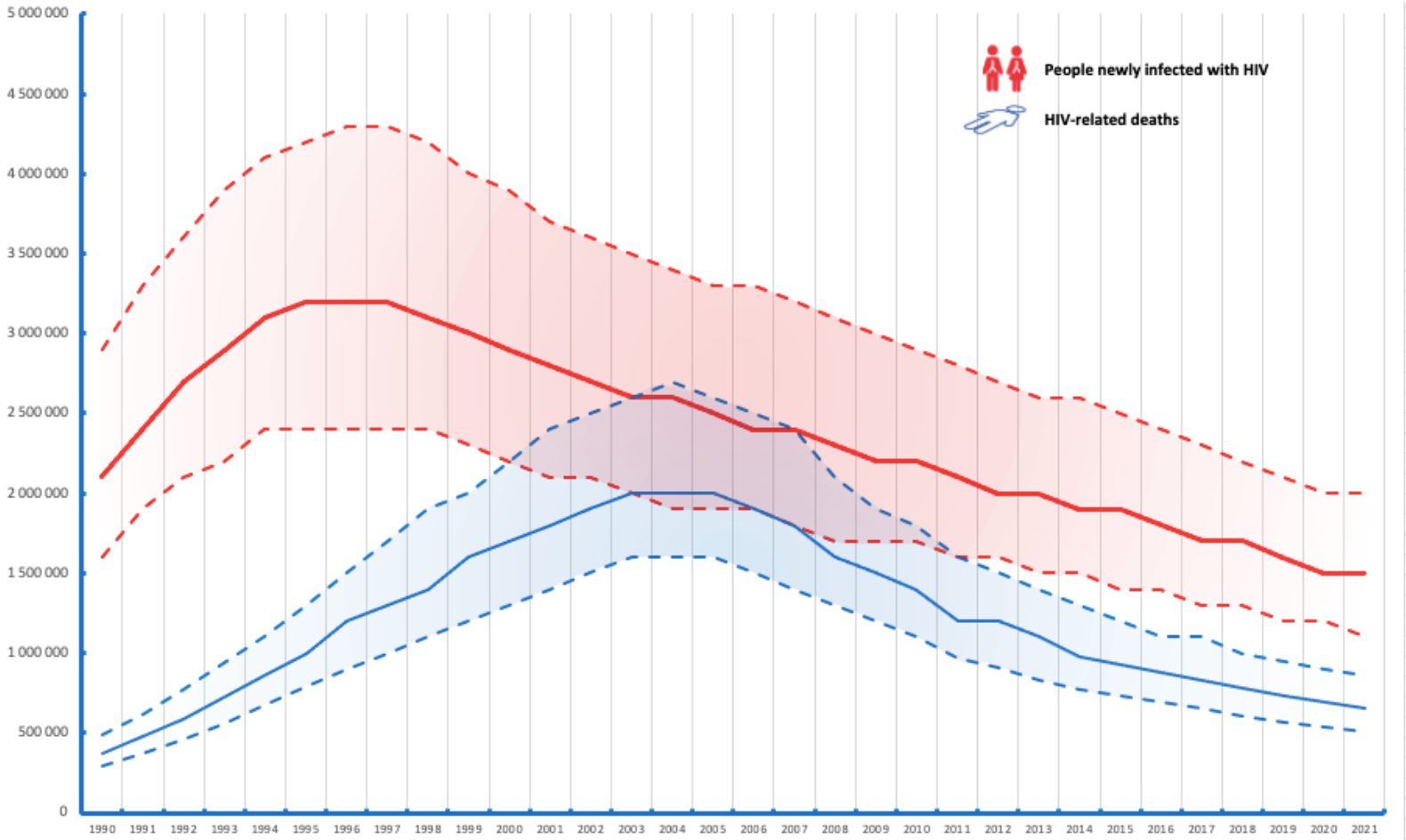
World Health Organization



New infection every two minutes in AGYW 2021

- Eastern Europe and central Asia, Latin America, and the Middle East and North Africa have all seen increases in annual HIV infections over several years
- New HIV infections are rising where they had been falling
- New infections dropped only 3.6% between 2020 and 2021, the smallest annual decline since 2016

Decline in number of people acquiring HIV and HIV-related deaths globally over time



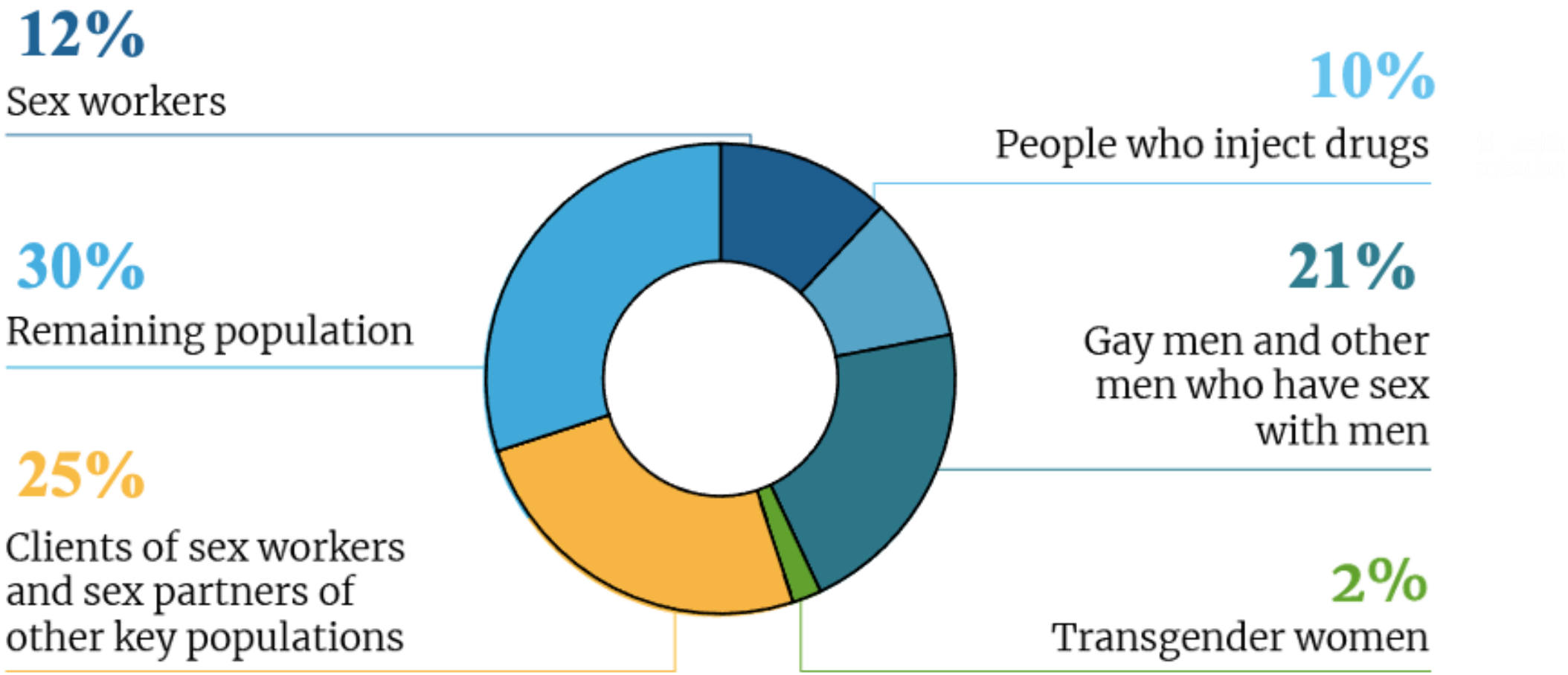
- **Decline in number of new HIV infections has stagnated**.
- Will miss the 2025 target unless treatment coverage is accelerated and effective prevention efforts re-invigorated and barriers to inclusion are removed.

2021 new HIV infections
1 500 000 [1 100 000–2 000 000]

2021 AIDS-related deaths
650 000 [510 000–860 000]

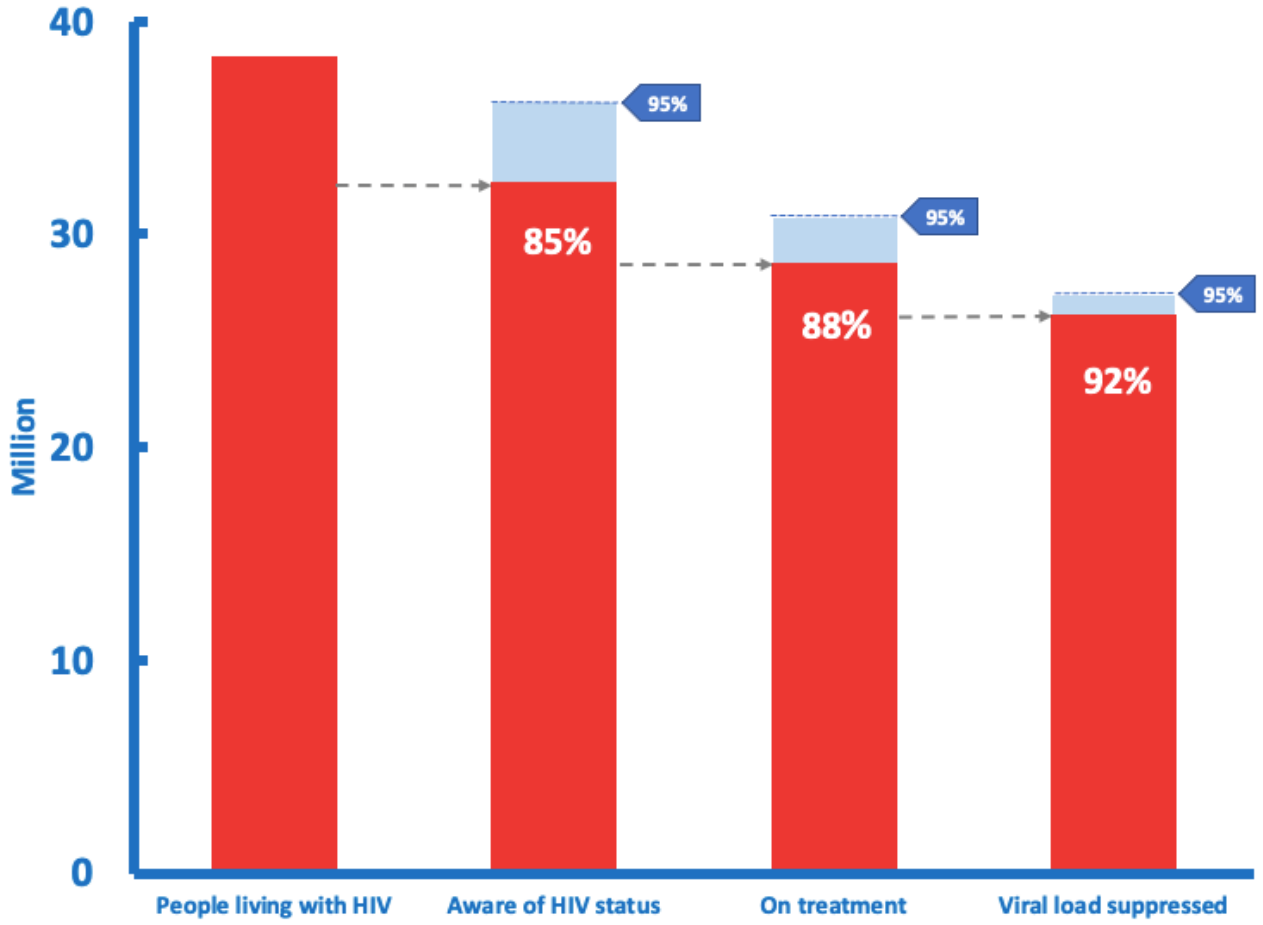
Source: UNAIDS/WHO estimates

Distribution of acquisition of new HIV infections by population, global, 2021 – 70% in Key Populations or partners



Source: UNAIDS special analysis, 2022

HIV service cascade, global, 2021



95-95-95 targets by 2030

- 95 percent of people living with HIV know their status
- 95 percent of people living with HIV who know their status are receiving treatment
- 95 percent of people on treatment have suppressed viral loads

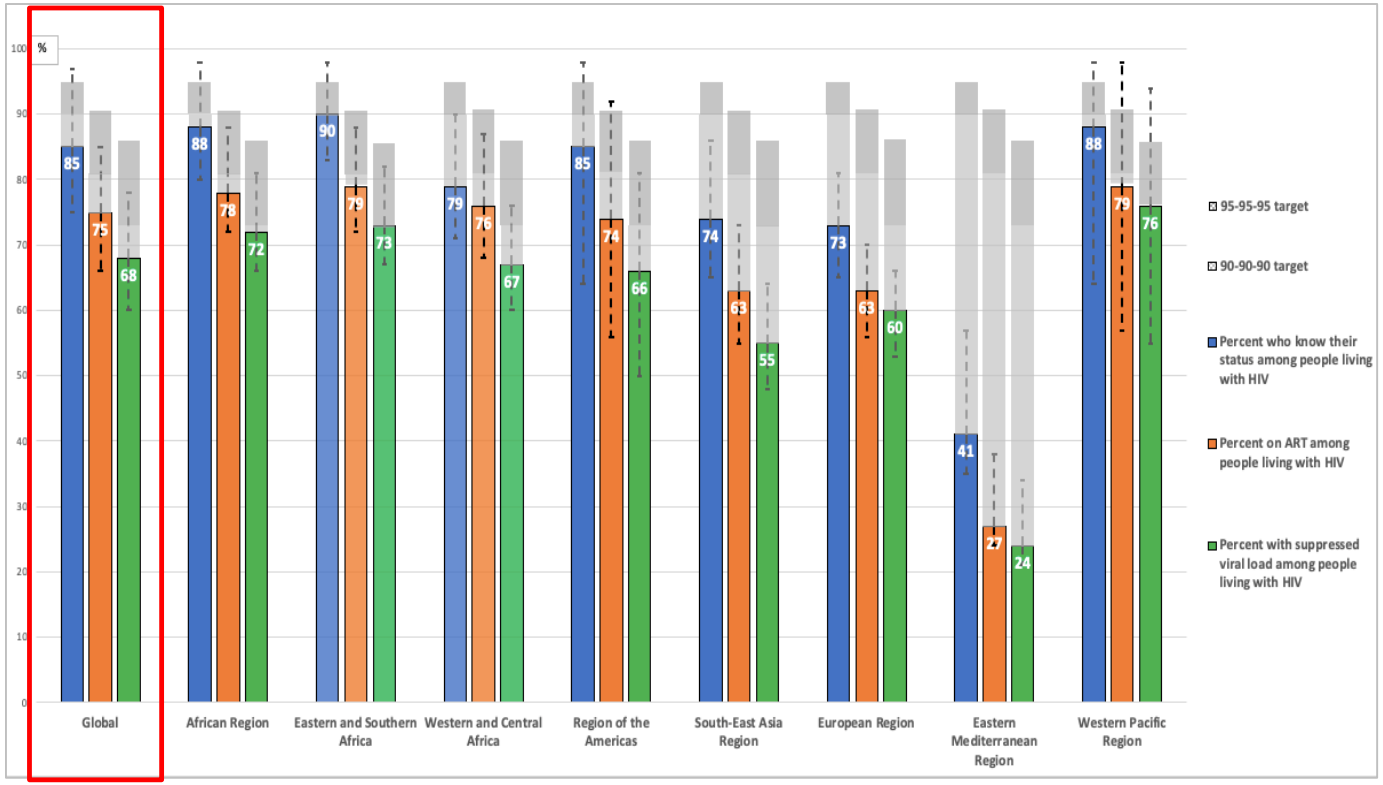
- Number of people on HIV treatment grew more slowly in 2021 than it has in over a decade

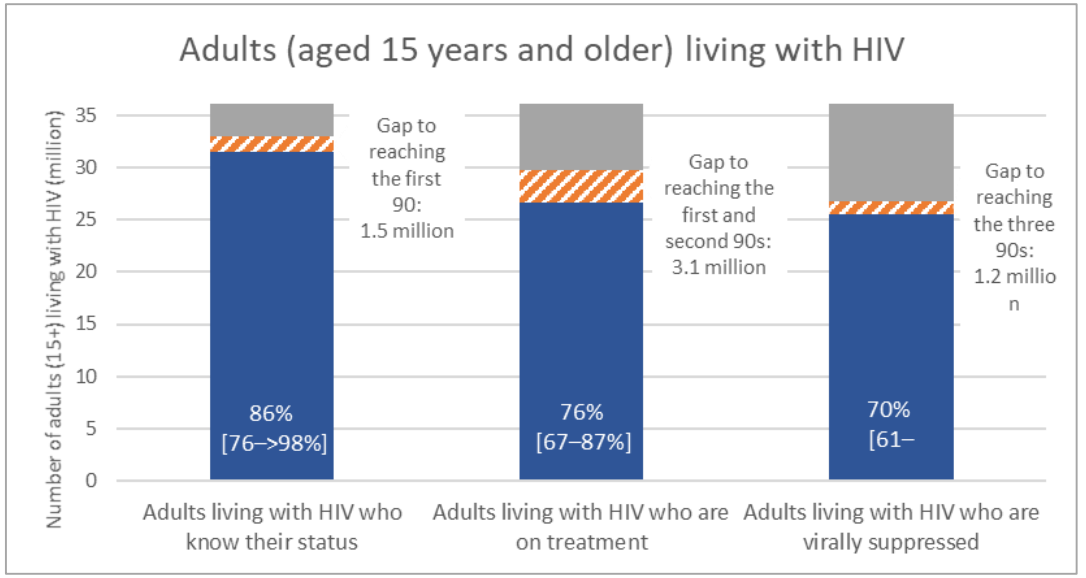
Source: UNAIDS/WHO estimates

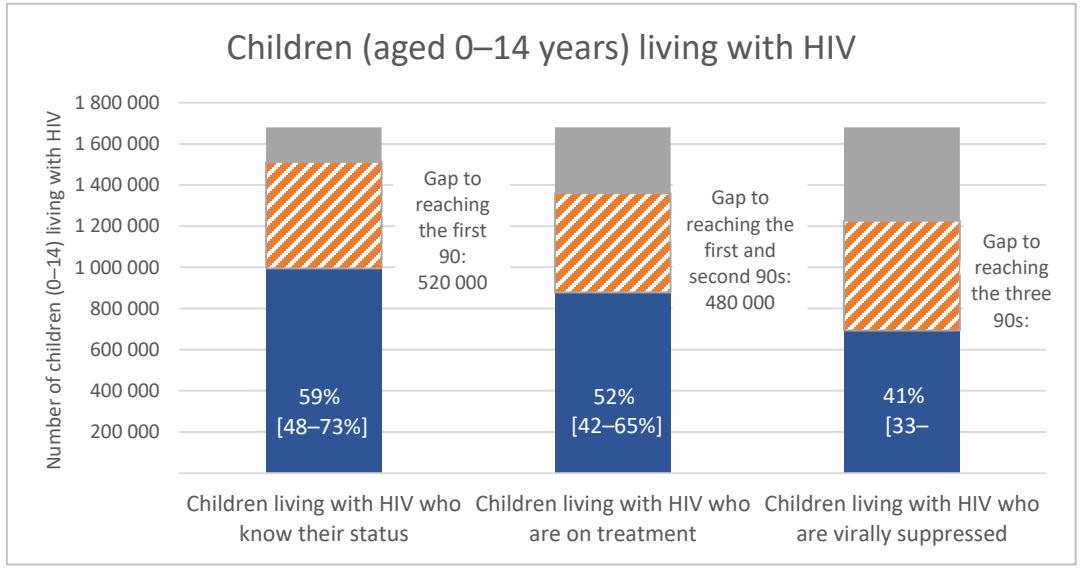
The denominator is the value from the previous bar in the last three bars. For example, 88% of people who were aware of their status were receiving ART.

Progress towards 90–90–90 and 95–95–95 targets of the HIV service cascade, by WHO region, 2021

World Health Organization



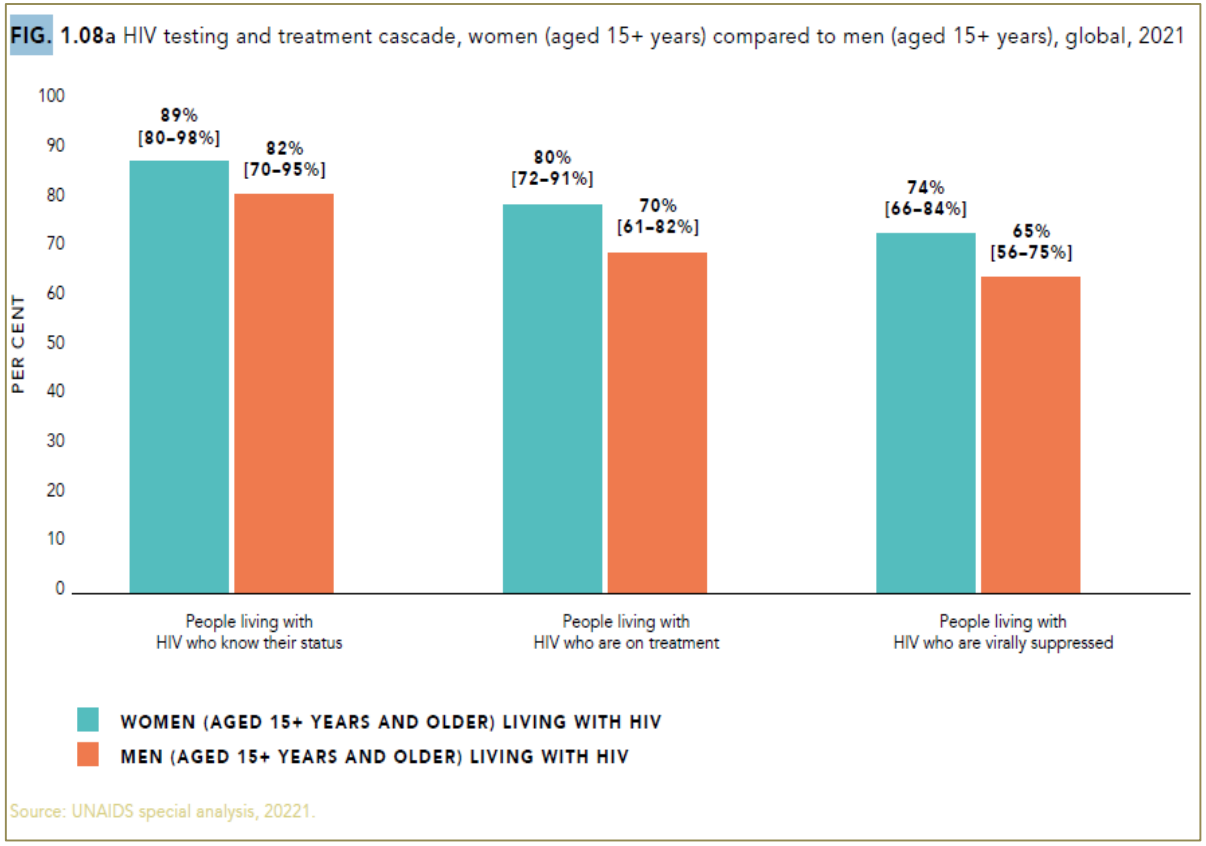


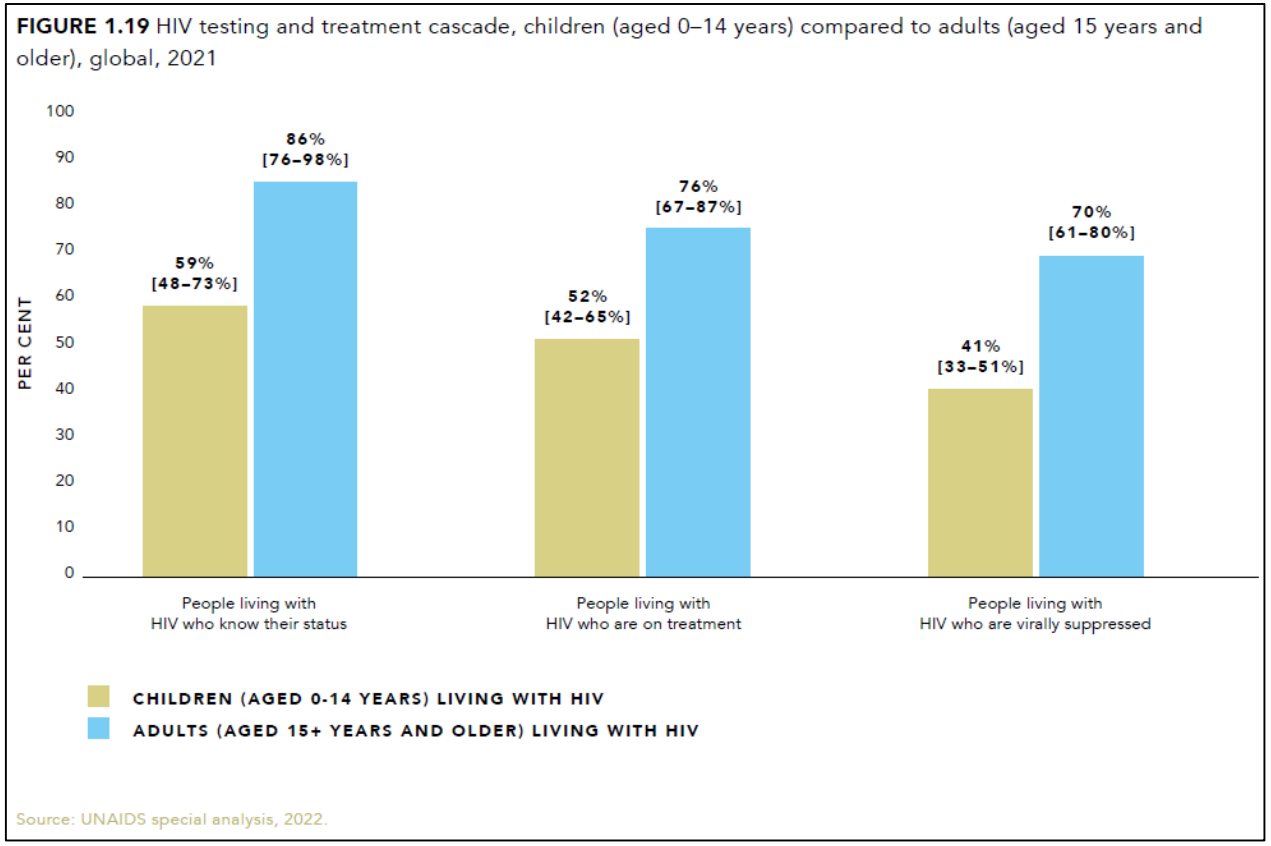


Source: UNAIDS/WHO estimates

Disparities in progress toward the treatment cascade persist

- **In 2021, we see good progress in women towards the 95-95-95 targets.**
- **However, men still lag far behind.**
- Children however have not seen the gains of adults, with only 41% population level viral suppression, versus 70% among adults

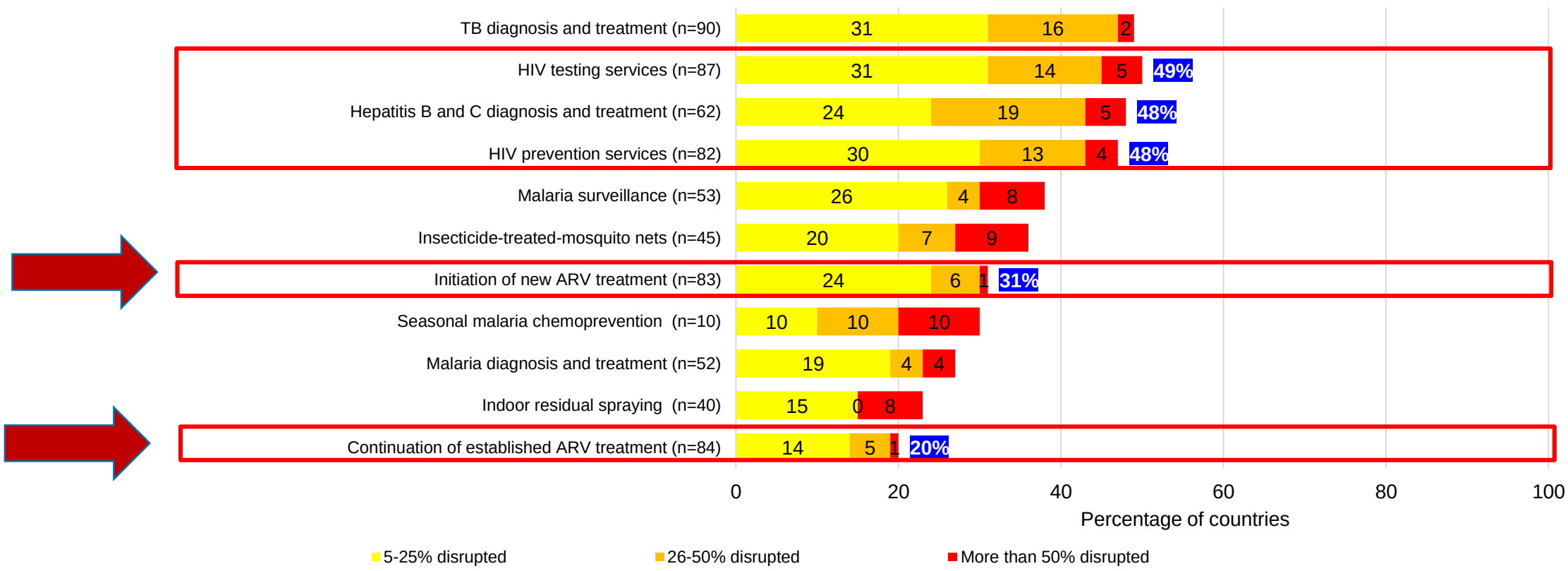




Percentage of countries reporting disruptions in communicable disease (TB, HIV, hepatitis and malaria) services during the COVID-19 pandemic in Q4 2021

World Health Organization

About half of countries report disruptions HIV testing and prevention services, and hepatitis B & C diagnosis and treatment

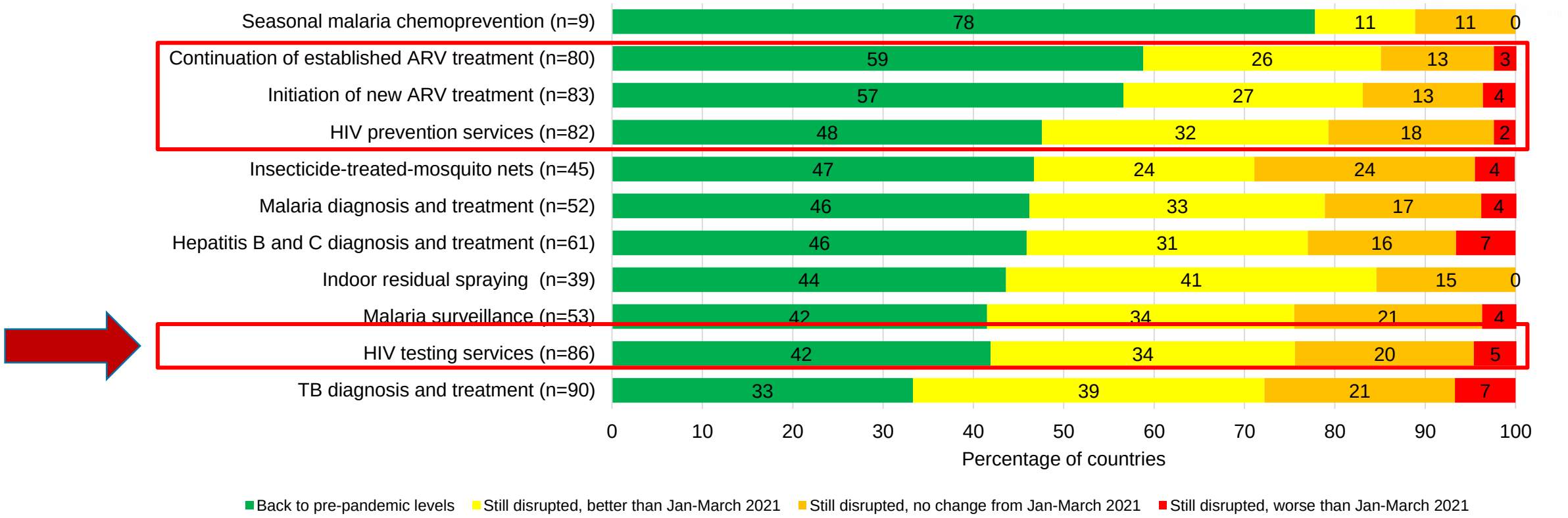


Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

Perceptions of levels of disruption and recovery in communicable disease services during the COVID-19 pandemic in Q4 2021 as compared to Q1 2021

World Health Organization

About half of countries report disruptions HIV testing and prevention services, and hepatitis B & C diagnosis and treatment

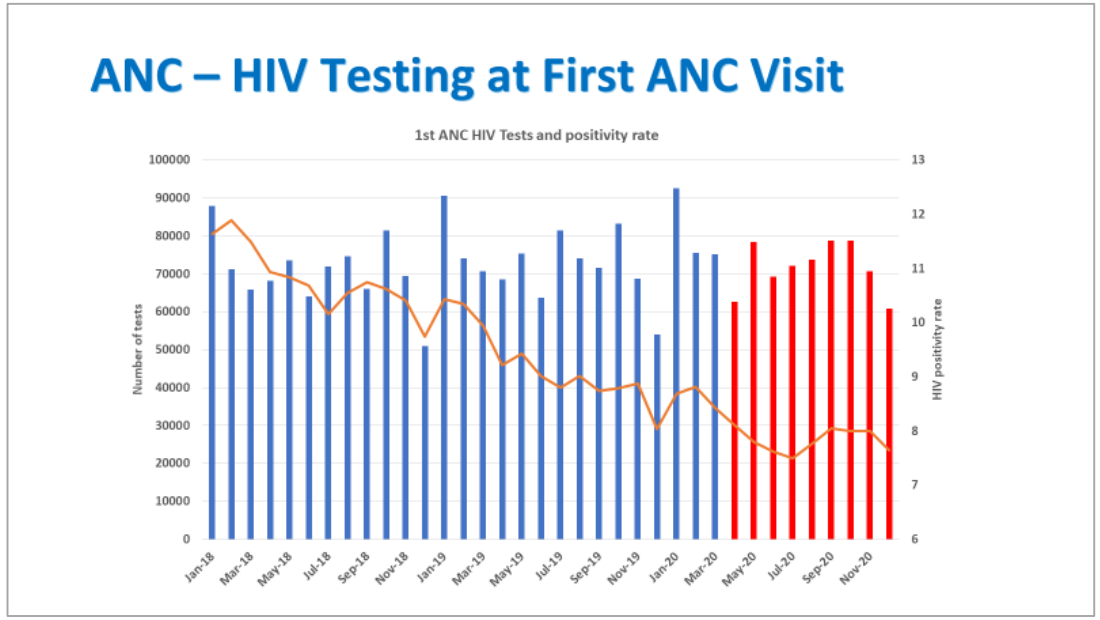


Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

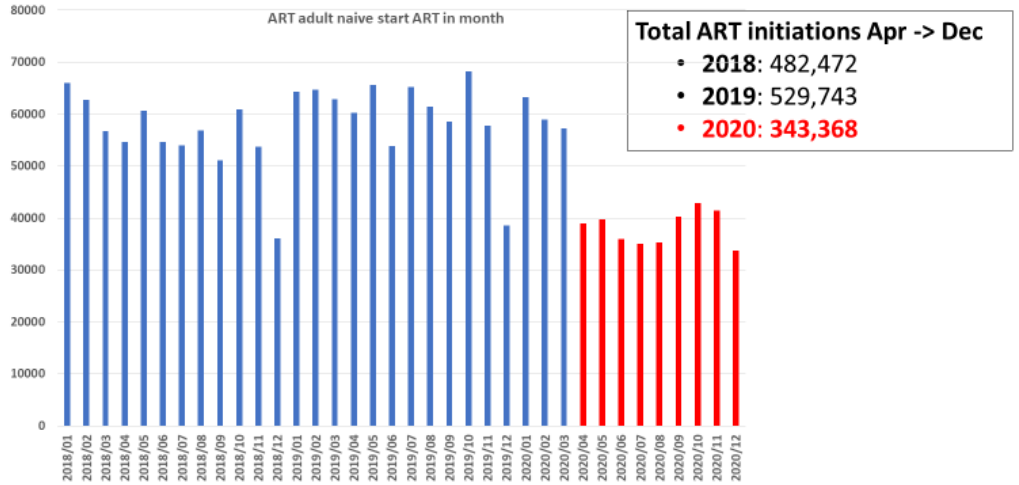
Reduction in testing and ART initiation during C19

World Health Organization

ANC – HIV Testing at First ANC Visit



Adult: ART initiation (naïve)



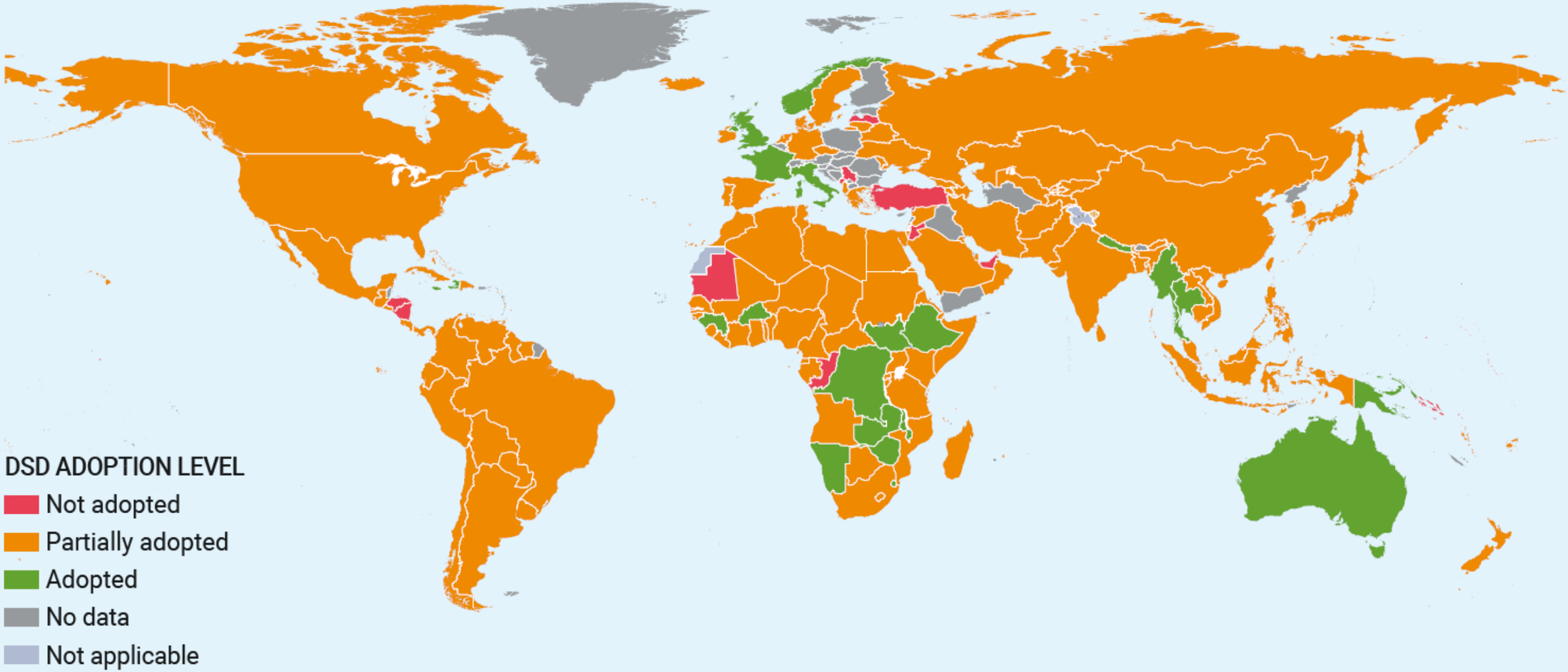
Total ART initiations Apr -> Dec

- **2018**: 482,472
- **2019**: 529,743
- **2020**: **343,368**

Adult Naïve ART initiation – vs January 20

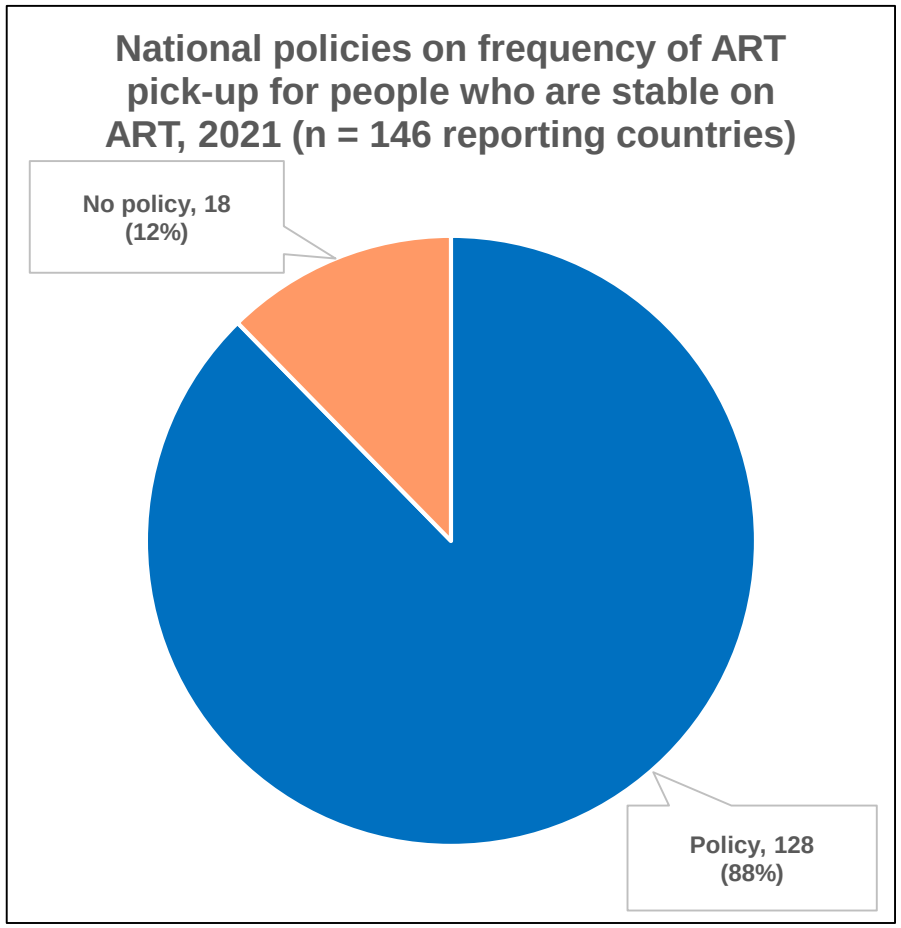
Globally, majority of countries have partially adopted at least 1 DSD model in their national policies, by end 2021

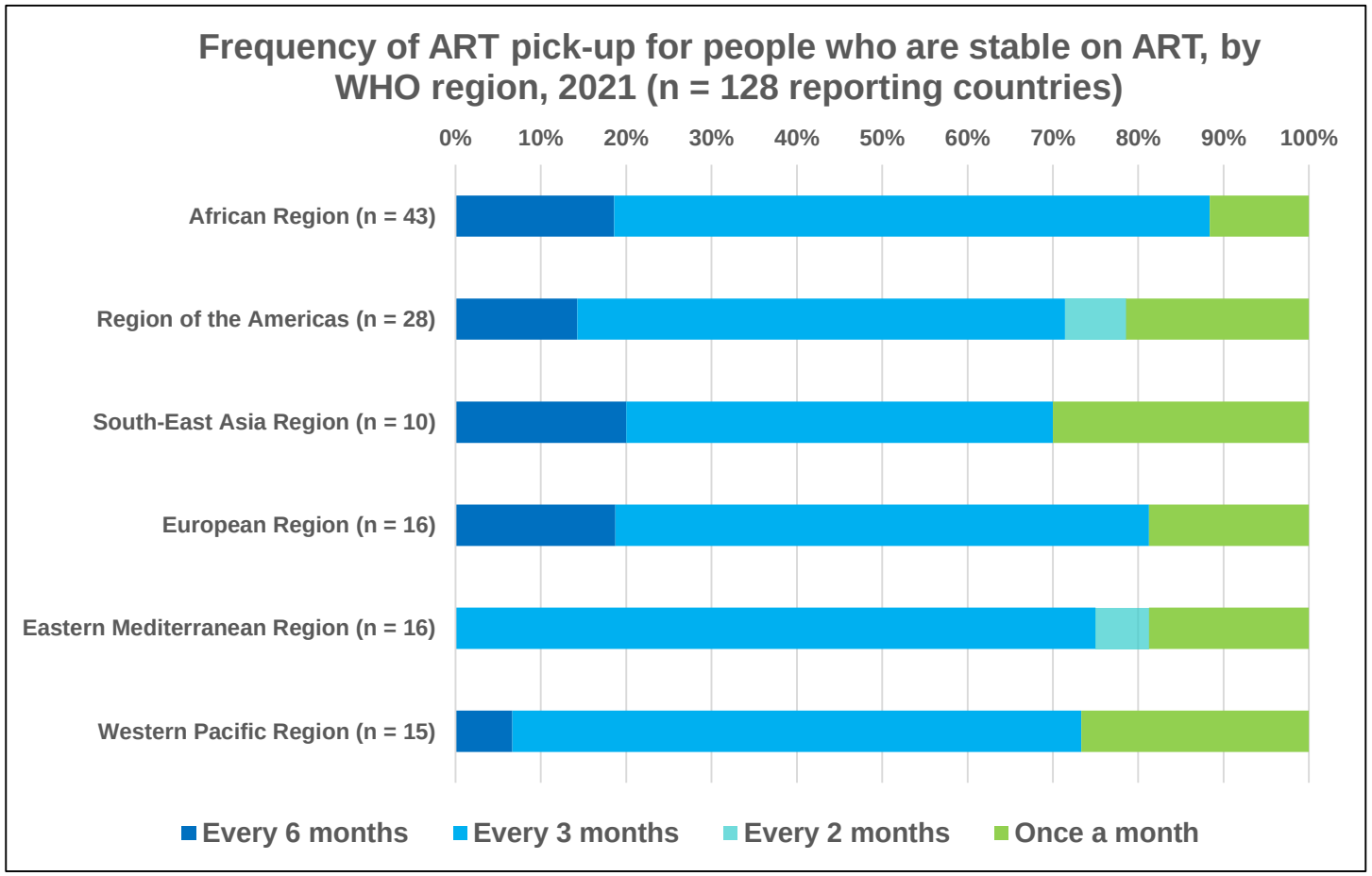
World Health Organization



Source: HIV Policy Lab, 2021.

National policies on frequency of ART pick-up for people who are stable on ART, 2021

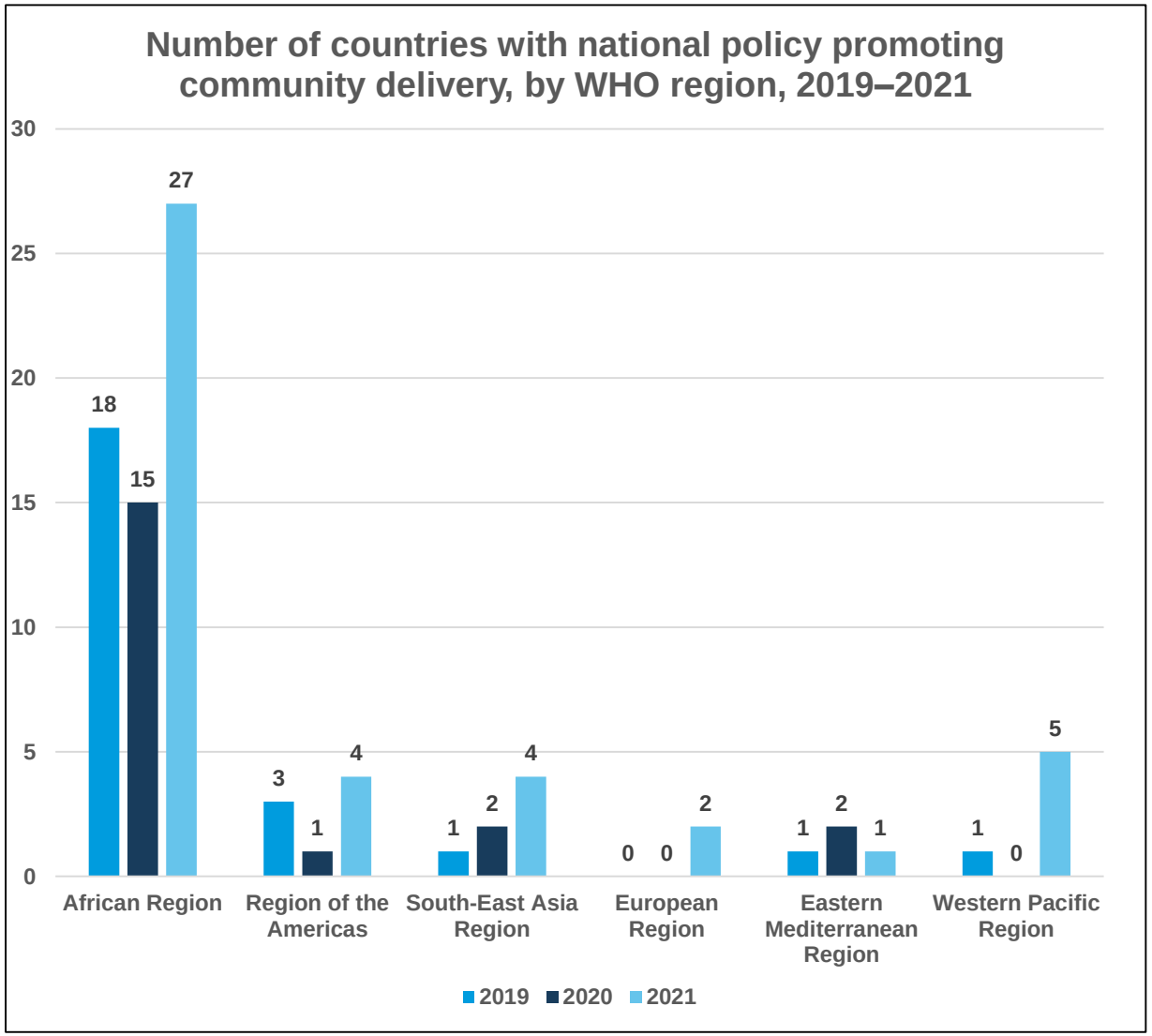


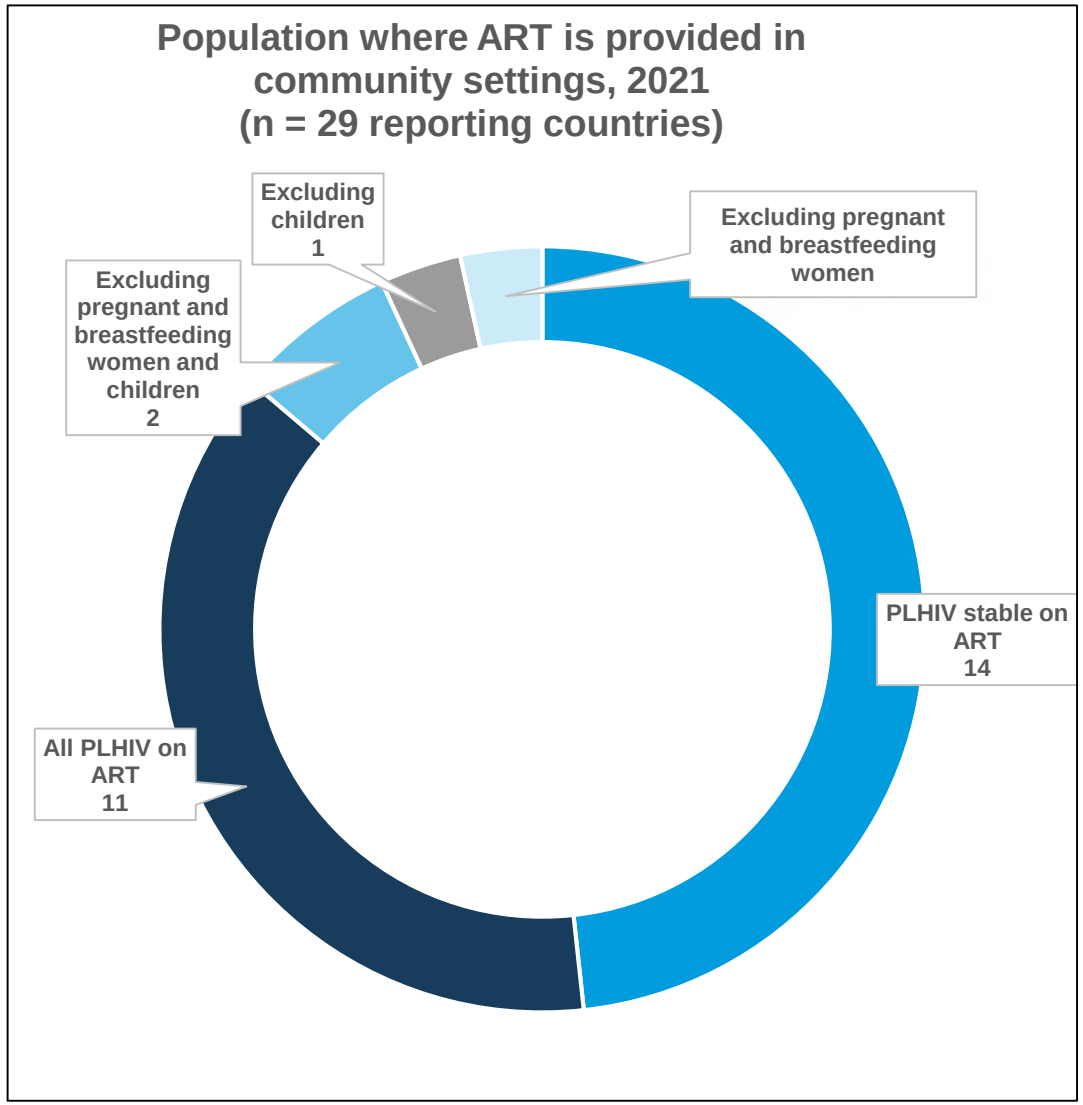


Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2021

Community delivery policies, 2021

World Health Organization





Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2021

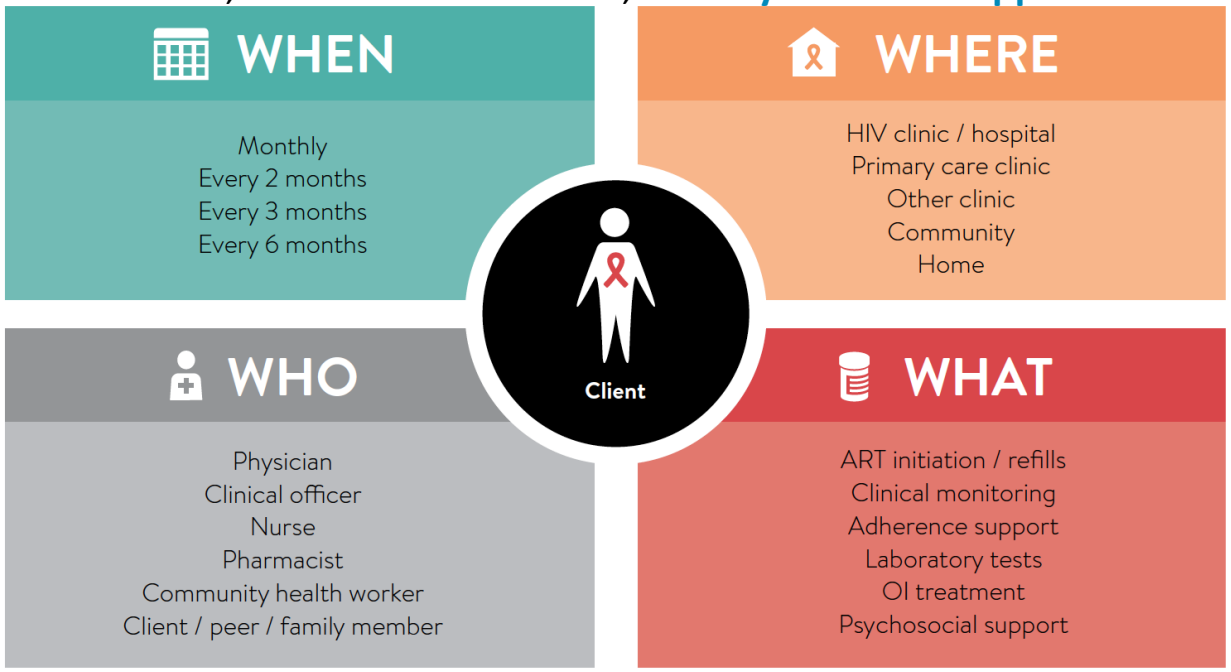
2021 Differentiated service delivery for HIV treatment

Revised

*"**Differentiated service delivery** (previously referred as differentiated care), is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with and vulnerable to HIV and reduce unnecessary burdens on the health system."*

WHO Updated recommendations on service delivery for the treatment and care of people living with HIV, 2020

These **BUILDING BLOCKS** need to be defined separately for:
ART Refills, **Clinical Consultations**, and **Psychosocial Support**



- Differentiated service delivery models for HIV treatment can be described within **FOUR CATEGORIES**:
  - group models managed by health-care workers;
  - group models managed by clients;
  - individual models based at facilities; and
  - individual models not based at facilities.

*...think about the specificities of each population needs in the **WHO** and **WHERE***

>60% **of new infections are among key populations and their sexual partners**

...think KP too!

Criteria for determining whether a person is established on ART

World Health Organization

Revised

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 six month**s;
- **no current illness**, which does not include well-controlled chronic health conditions;
- **good understanding of lifelong adherence:** adequate adherence counselling provided; and
- **evidence of treatment succe**ss: at least one suppressed viral load result within the past six months
  - If viral load is not available: CD4 count >200 cells/mm3 (CD4 count >350 cells/mm3 for children 3-5 years old) or weight gain, absence of symptoms and concurrent infections

Note:

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

"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**."

WHO Consolidated HIV Guidelines – 2021 NEW Service Delivery Recommendations

ART initiation may be offered outside the health facility		Conditional
Clinical visits every 3-6 months, preferably 6 months if feasible*		Strong
ART dispensing every 3-6 months, preferably 6 months if feasible*		Strong
Tracing and support for people who have disengaged		Strong
SRH services, including contraception, may be integrated with HIV services		Conditional
Diabetes and hypertension care may be integrated with HIV services		Conditional
Psychosocial interventions should be provided to all adolescents and young adults living with HIV		Strong
Task sharing of specimen collection and point-of care testing with non-lab personnel when professional capacity is limited		Strong

*People who are established on ART: new definition given

World Health Organization

Scale-up and innovative DSD models made real

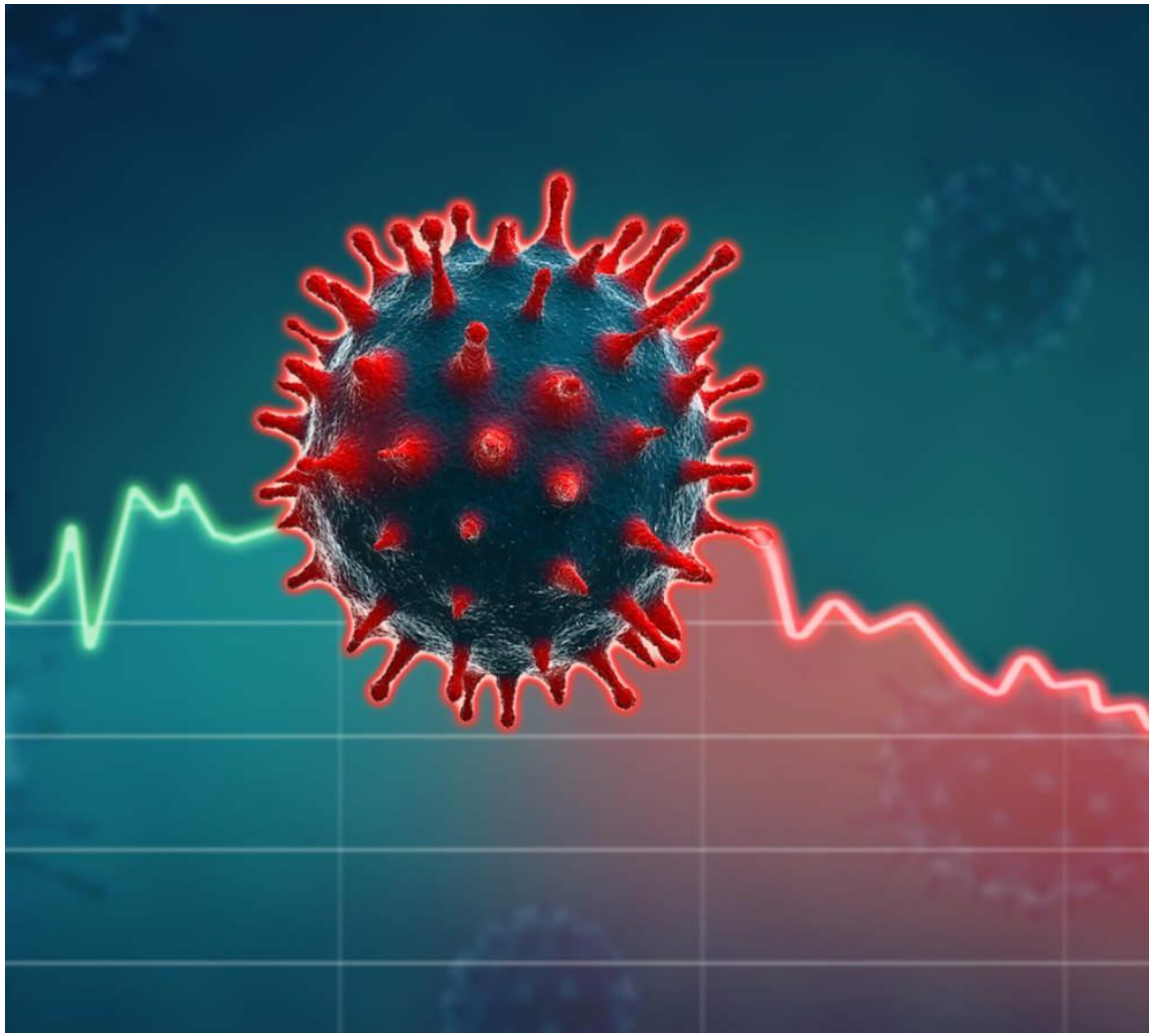
World Health Organization

Studies show the feasibility of introducing innovative approaches for testing, PrEP and ART, OST and other treatment distribution as possible and important solutions in LMIC settings during COVID-19

- **PrEP/ART teleconsultation**
  - In Brazil, PrEP teleconsultation was experienced by 23% of users, with 89% feeling satisfied and **70% reporting high openness and acceptability to PrEP teleconsultation.** (Q2 #1)
  - In Italy, 24% of patients in a large HIV clinic used teleconsulting, with no patients visiting the unit presented with acute COVID. (Q2 #5)
  - In Australia, HIV care continued with 95% and 98% being able to access their HIV provider and antiretroviral therapy (ART), respectively. **Telehealth was used by 92% and was largely well received.** (Q2 #14)
- **Multi-month dispensing:** In Egypt, multi-month dispensing of ART was implemented among a small group of participants (n=40) who **self-reported increased adherence**. (Q2#2)
- **Telemedicine Pre-Planning:** In a randomized trial of visits delivered by telemedicine in the US, HIV patients were randomized to have a pre-visit planning call to address barriers to telemedicine visit versus a standard reminder call. **No difference between pre-visit and control in scheduled visit attendance** (83% v. 78%, OR 1.38, 95% CI 0.67–2.81). (Q2#3)

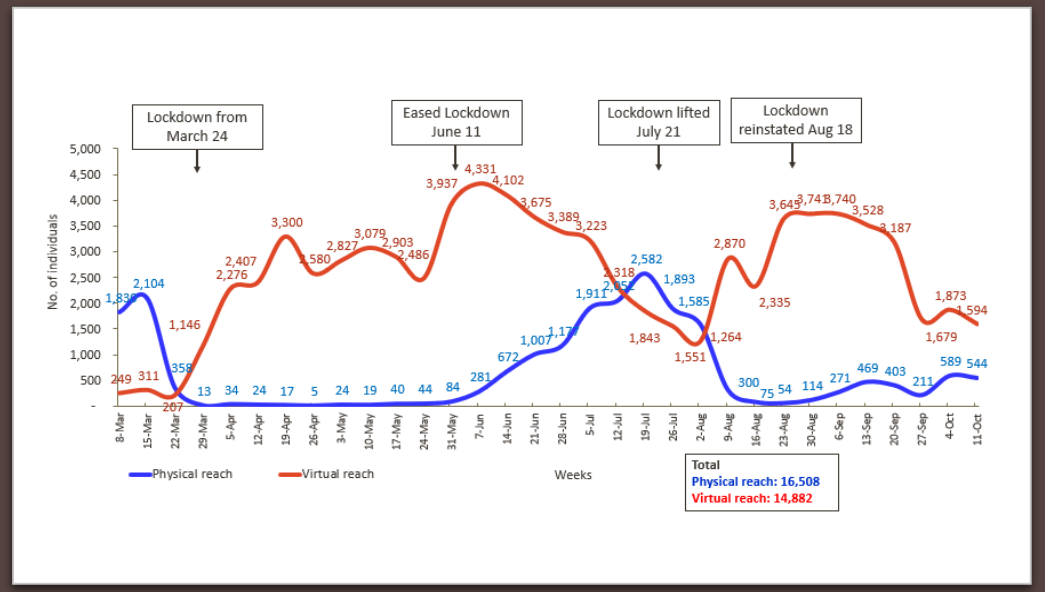
Virtual Interventions - Rapid COVID 19 response

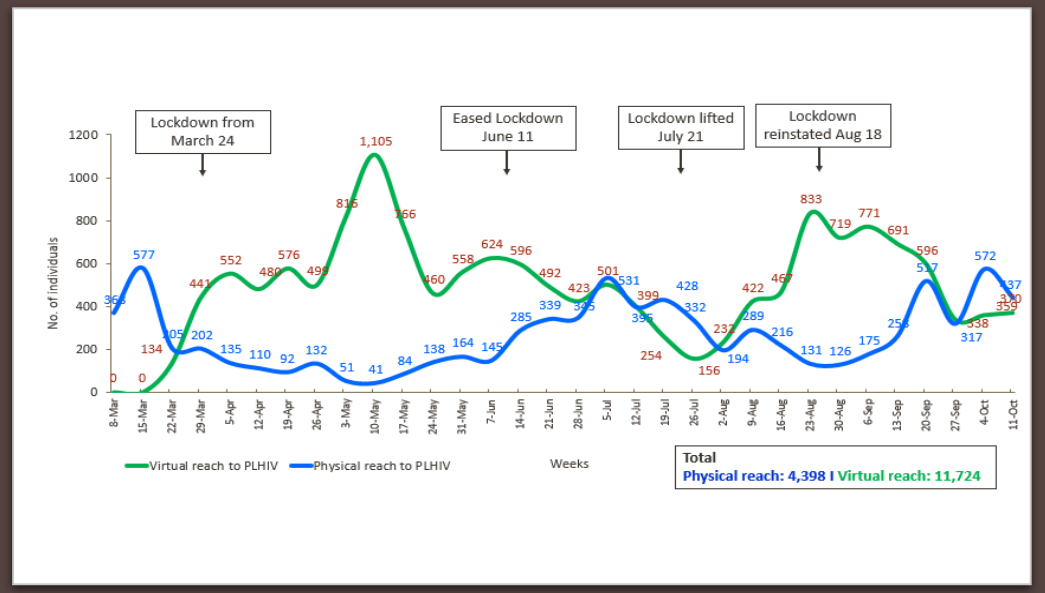
- Mitigate the impact of COVID 19 on programmes
- **Self – care** option of accessing services
- **Decongest the facilities** to avoid infection related risks
- **Home delivery of HIV ST kits**, ART, PrEP for self and partners
- Can be adapted for all populations and services
- **Real time tracking and data management**



Virtual Case Management as a response to COVID 19

- Physical vs virtual outreach during COVID 19 lockdowns in Nepal
- Use **of social media platforms and dating apps to reach new populations online**
- Use of digital social content on prevention and treatment;
- **Peer champions, case management teams, and community-based supporters delivered ART directly to clients' homes**
- **Case management support for 75% PLHIV shifted online**





Source: FHI360 Nepal

World Health Organization

World Health Organization

New section on monitoring DSD in 2022 WHO SI guidelines

WHO 2022 Five key recommendations for the patient monitoring system

1. Analyse and use routine testing data to optimise HIV testing services
2. Use person-centred patient data to assess ART interruption, improve re-engagement and retention in care
3. Integrate the monitoring of DSD within the HIV patient monitoring system
4. Enhance data quality and use
5. Use drug stock data

Differentiated service delivery

- ✓ **5 new indicators for monitoring DSD implementation and outcomes**
  - ✓ DSD 1. Multi month ARV dispensation
- ✓ Example tools and country case study
- ✓ Minimum data elements for monitoring DSD
- ✓ Update of patient monitoring tools for tracing DSD interventions and monitoring retention and health outcomes
- ✓ Update of patient monitoring tools, ART cohort and cross-sectional reports to enable monitoring of DSD

Thank you

For more information, please contact:

Global HIV, Hepatitis and Sexually Transmitted Infections Programmes
E-mail: hiv-aids@who.int
www.who.int/health-topics/hepatitis

World Health Organization

Anna Grimsrud, IAS, South Africa

DSD for HIV treatment in 2022

How COVID-19 expanded eligibility to DSD

AIDS 2022

AIDS 2022

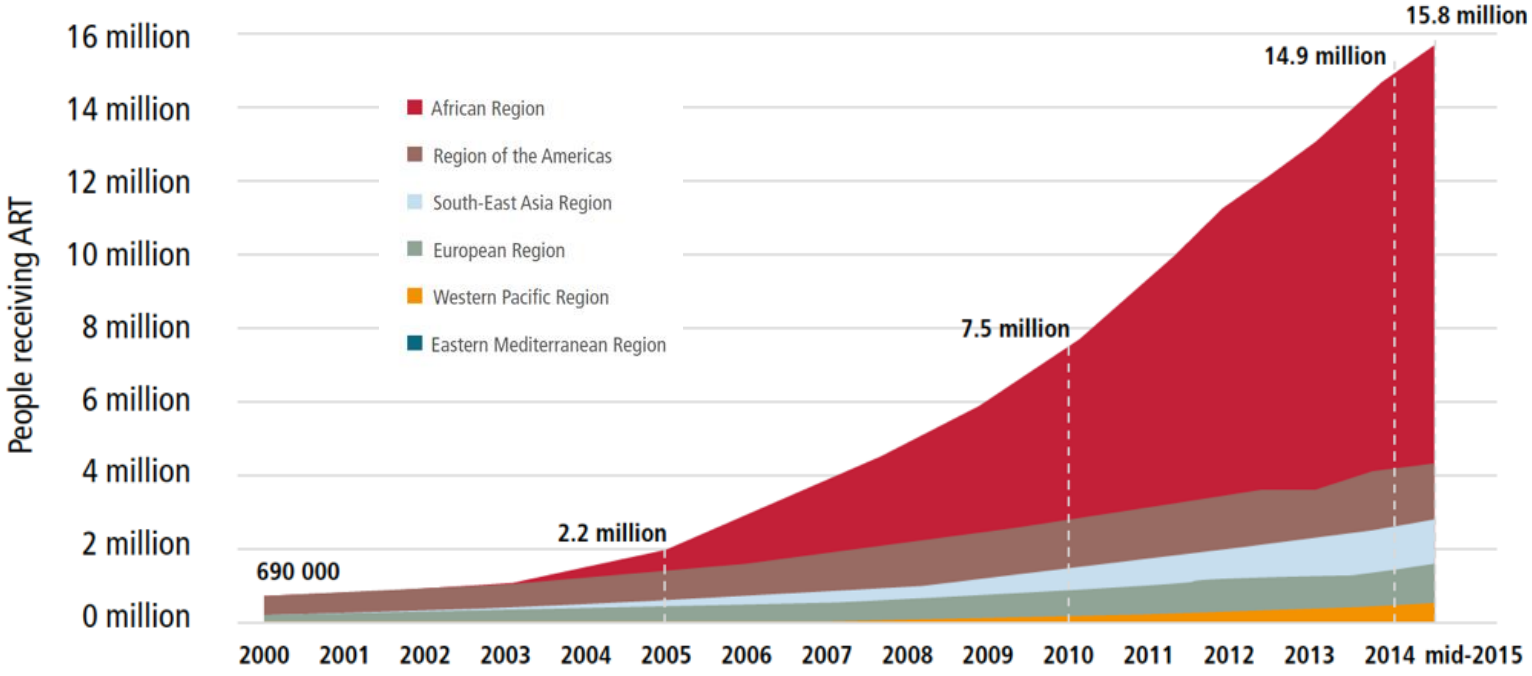
I have no relevant financial relationships with ineligible companies to disclose

Differentiated service delivery (DSD), or differentiated care, is a **person-centred** approach. It **simplifies and adapts** HIV services **across the cascade** of HIV care to **reflect the preferences and expectations** of various groups of people living with or at risk of acquiring HIV while **reducing unnecessary burdens** on the health system.

Adapted from Grimsrud et al, J Int AIDS Soc, 2016.

Success of antiretroviral therapy scale up

For the first time in global health history, the world reached a global treatment target prior to the agreed deadline – providing ART to 15 million people by mid-2015

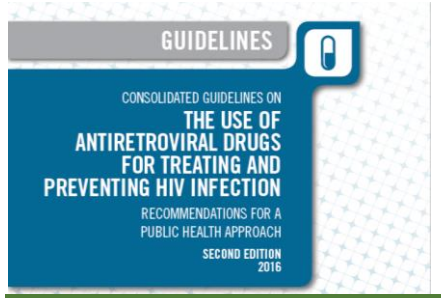


AIDS 2022

WHO 2016 guidance

Not just *what* to start and when to start but *how*

- Marked shift from the one-size-fits all approach that had supported reaching 15 million people
- Acknowledgement of the diversity of clinical needs of people living with HIV



World Health Organization

Building blocks – Separate for ART refills & clinical consultations

AIDS 2022

MINISTRY OF HEALTH

Telephone:(020) 2630867
Fax: (020) 2710518
E-mail: headnascop.moh@gmail.com
Office Mobile: 0775-597297
Skype: nascop.ke
When replying please quote

NATIONAL AIDS & STI CONTROL PROGRAM
Kenyatta National Hospital Grounds
P.O. Box 19361- 00202
NAIROBI

Ref: MOH/NASCOP/C&T/012 **Date:** 24th March 2020

To: All County Executive Committee Members of Health

Dear All

RE: COVID-19 GUIDANCE ON COMPREHENSIVE HIV SERVICE DELIVERY

Yellow highlight indicates an addition within the past week. *1/19/2022*

PEPFAR Technical Guidance in Context of COVID-19 Pandemic

In January 2020, a novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was identified as the causative agent of an outbreak of viral pneumonia centered in Wuhan, Hubei, China. The disease caused by this virus is called coronavirus disease 2019 (COVID-19). The disease is now widespread, and every country in the world has reported cases. https://who.sprinklr.com/. Many PEPFAR countries are experiencing third and fourth waves of disease, vaccine roll-out has been slow, colleagues have been personally affected, and PEPFAR programs and beneficiaries are being impacted. In this context PEPFAR programs need to adapt to the local situation. The priority remains program continuity for both prevention and treatment services and the provision of services in a way that is safe for both providers and recipients of services and our guidance reflects that priority.

MINISTERE DE LA SANTE ET DE L'HYGIENE PUBLIQUE
DIRECTION GENERALE DE LA SANTE
PROGRAMME NATIONAL DE LUTTE CONTRE LE SIDA

REPUBLIQUE DE COTE D'IVOIRE
UNION - DISCIPLINE - TRAVAIL

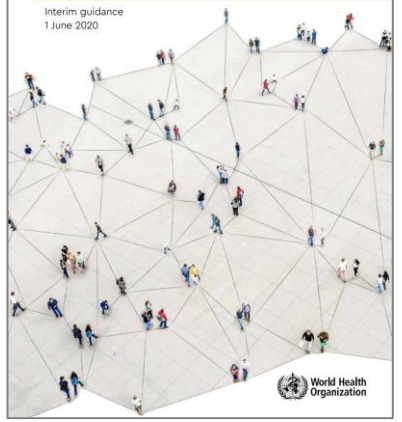
PLAN DE CONTINGENCE PNLS DANS LE CONTEXTE DE L'EPIDEMIE COVID 19

A. CONTEXTE

L'Organisation Mondiale de la Santé (OMS) a déclaré la pandémie du COVID-19 le 11 mars 2020. A partir de cet instant, tous les pays touchés ont pris des mesures. Ainsi, l'état Ivoirien, face à l'augmentation du nombre de cas, à instaurer un état d'urgence assorti de mesures strictes pour renforcer celles déjà existantes afin de

Maintaining essential health services: operational guidance for the COVID-19 context

Interim guidance
1 June 2020



World Health Organization

BHIVA COVID-19 ART guidelines 1st May 2020

BHIVA guidance for the management of adults with HIV on antiretroviral treatment (ART) during the coronavirus pandemic

HIV services have a key role to play in the NHS response to coronavirus and this must be planned. In response to pressures on the NHS, the elective component of our

In case of reply the number and the date of this letter should be quoted.

OUR CORE VALUES
- People-Centered
- Professionalism
- Team work
- Innovation
- Discipline
- Integrity

GHANA HEALTH SERVICE
PRIVATE MAIL BAG
MINISTRIES
ACCRA, GHANA

GPS Address: GA-143-4609

TEL: 0302 662014
FAX: 0302 666808
E-mail: dg@ghsmail.org

My Ref. No.: GHS/PHD/NACP/LAB./VOL.
Your Ref. No. .....

16TH MARCH, 2020

GUIDANCE FOR THE CARE OF PERSONS LIVING WITH HIV (PLHIV) IN THE WAKE OF COVID-19

As part of measures to ensure seamless service provision to all Persons Living with HIV (PLHIV) in Ghana, all service providers are to observe the following:

Rapid Guidance on HIV Service Delivery in COVID-19 Context

Version 2: 26 March, 2020

Background:

On 31 December 2019, WHO received a report of a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a novel (new) coronavirus as the cause of the pneumonia. The virus was named 2019-nCoV, later renamed COVID-19. On 30th January 2020, the Director General of the World

COVID-19 The Global Fund

COVID-19 Information Note: Considerations for Global Fund HIV Support

Date Issued: 7 April 2020

1. Introduction

On 11 March 2020 the WHO declared the COVID-19 outbreak a pandemic. It is likely that COVID-19 will impact dramatically on communities affected by HIV, along with the health systems that serve them. Prevention and rapid containment of COVID-19 is a priority in order to minimize the negative impact on health care providers, as well as services to people living with HIV (PLHIV) and people who need HIV prevention services, especially key populations, and in East and Southern

https://differentiatedservicedelivery.org/Resources/Resource-Library/COVID-19-DSD-Resources-National-guidance

AIDS 2022

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

1. Expanding eligibility for DSD for HIV treatment

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

3. Emphasizing community-based models

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

Expanded eligibility

- Less time on ART before eligible
- Evidence of treatment success (e.g., single viral load)
- Those with controlled chronic co-morbidities
- Specific populations - People who are pregnant and breastfeeding, key populations, children, adolescents

TIME ON ART BEFORE ELIGIBILITY FOR DSD FOR HIV TREATMENT

Version: 20 January 2022
www.differentiatedservicedelivery.org

	ART start	3m on ART	6m on ART	12m on ART	18m on ART
Angola				●	
Burkina Faso				●	
Burundi				●	
Cameroon				●	
Cote D'Ivoire	3	●			
DRC	3	●		●	
Eswatini	3-6			●	
Ethiopia	3			●	
Ghana*				●	
Guinea			●		
Haiti			●		
India				●	
Kenya				●	
Laos				●	
Liberia	3		●		
Malawi			●		
Mozambique		●	●		
Myanmar			●		
Namibia				●	
Nepal				●	
Nigeria				●	
Papua New Guinea				●	
Rwanda				●	
Senegal				●	
Sierra Leone	1-3		●		
South Africa	2		●		
South Sudan			●		
Tanzania			●		
Togo	3		●		
Uganda	3		●		
Zambia	6		●		
Zimbabwe	3-6		●		

Key

- National policy
- COVID-19 policy adaptation
- 1-3 — 1-3MM only
- 2 — 2MMD only
- 3 — 3MMD only
- 3-6 — 3-6MMD only
- 6 — 6MMD only

References

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

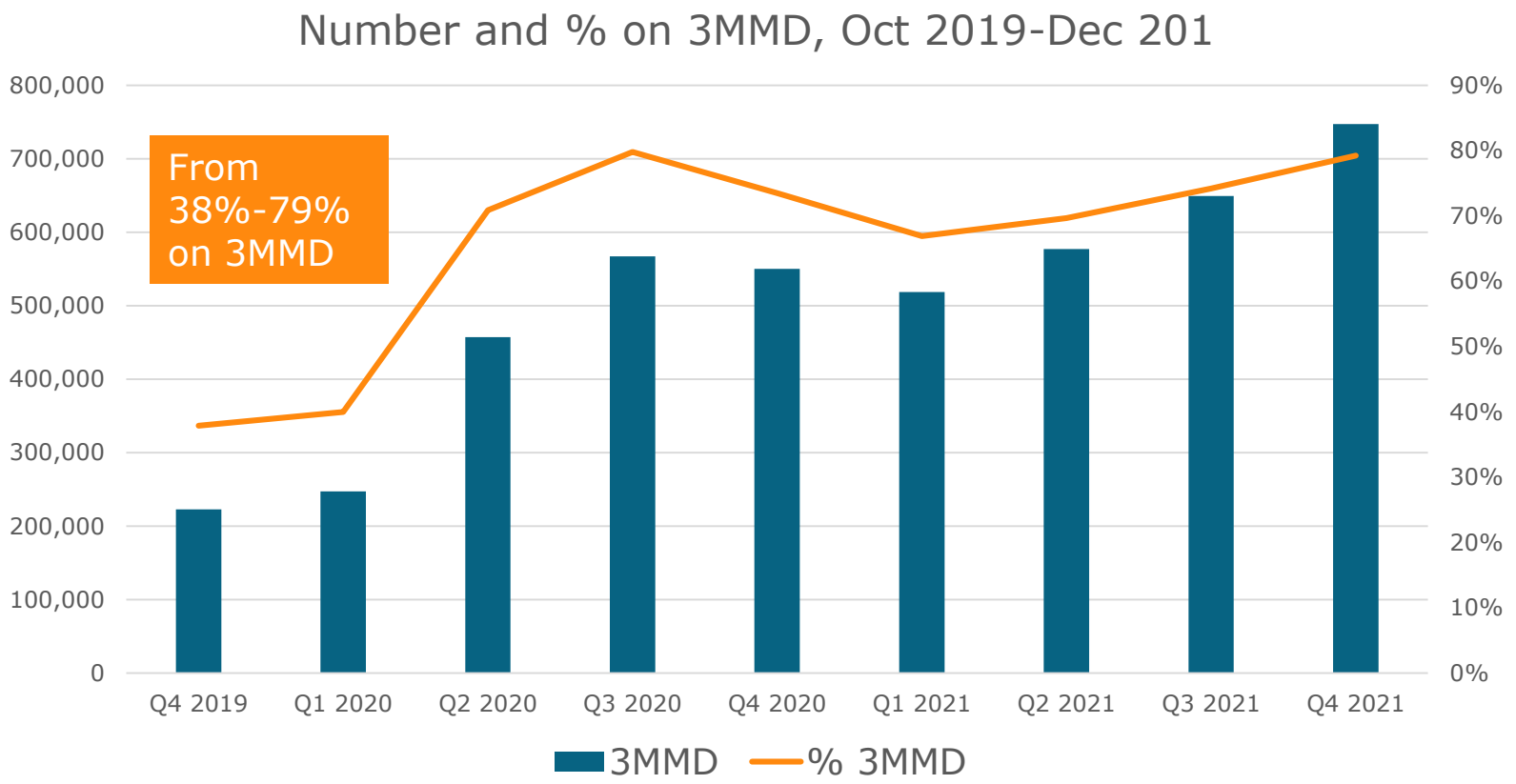
Notes

Ghana: May receive 3MMD from 6M on ART

Example of Mozambique

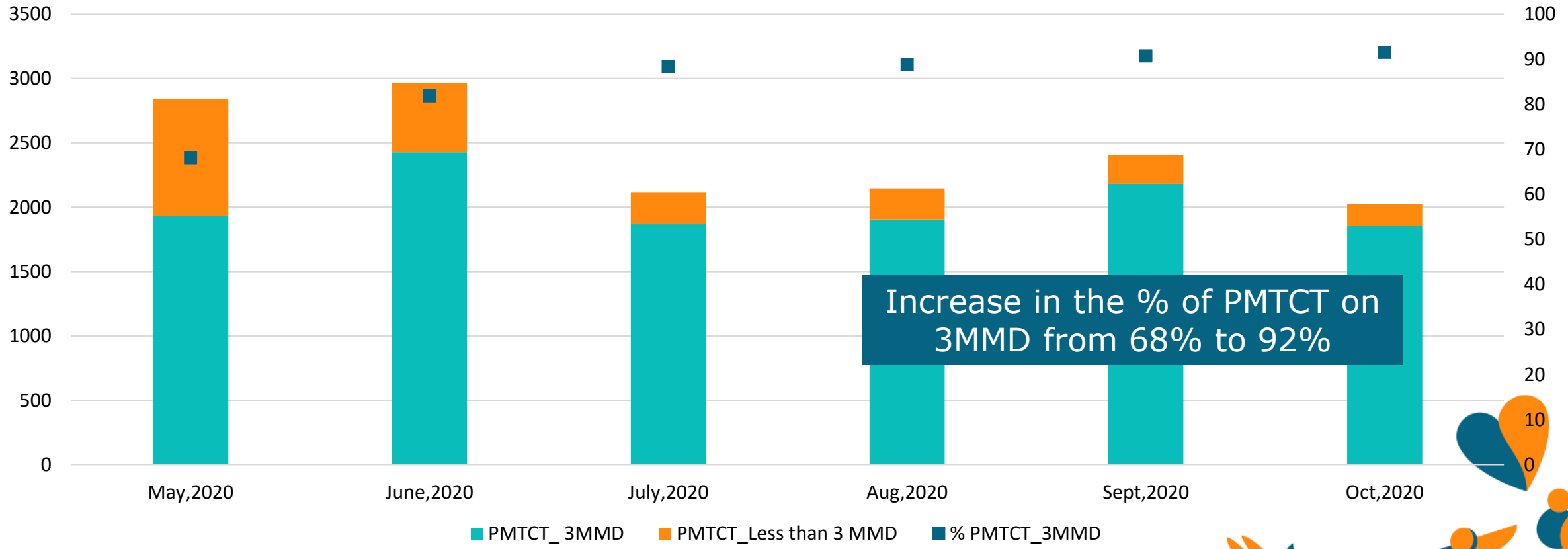
Expanded eligibility criteria

- Reduced the time on ART required for 3MMD eligibility from 6 months to 3 months
- No need for laboratory tests to verify eligibility (CD4 or viral load)

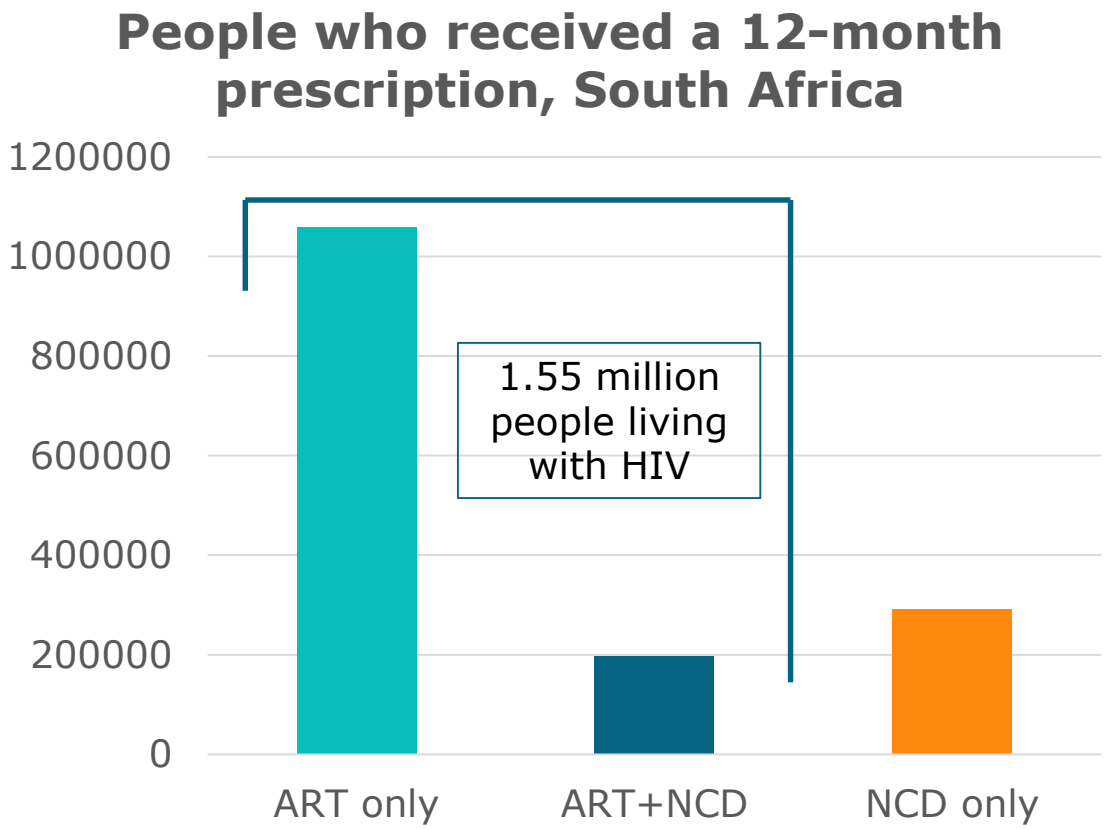


ECHO project, J Pacca, AIDS 2022

Ethiopia: ART refill duration among women in the PMTCT programme, May 2020-Oct 2020

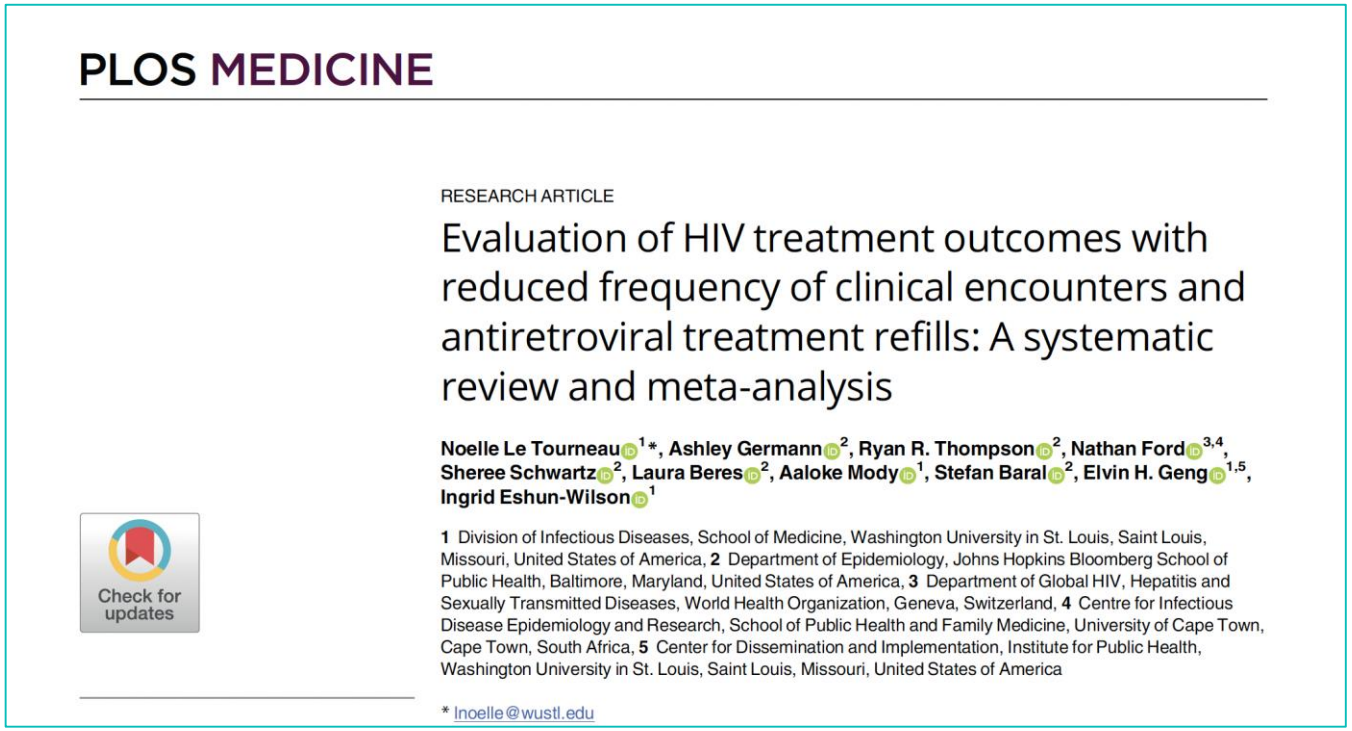


Reduced frequency of clinical visits



- In South Africa, COVID-19 led to emergency measures that enabled those on 6-month prescriptions to have an extension for a further 6-months → permitted 12-month prescription
- 1.55 million people received annual clinical visit and prescription – including 1.26 million people living with HIV (including 196K receiving ART + other chronic medications)

AIDS 2022



PLOS MEDICINE

RESEARCH ARTICLE

Evaluation of HIV treatment outcomes with reduced frequency of clinical encounters and antiretroviral treatment refills: A systematic review and meta-analysis

Noelle Le Tourneau[1]*, Ashley Germann[2], Ryan R. Thompson[2], Nathan Ford[3,4], Sheree Schwartz[2], Laura Beres[2], Aaloke Mody[1], Stefan Baral[2], Elvin H. Geng[1,5], Ingrid Eshun-Wilson[1]

1 Division of Infectious Diseases, School of Medicine, Washington University in St. Louis, Saint Louis, Missouri, United States of America, **2** Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States of America, **3** Department of Global HIV, Hepatitis and Sexually Transmitted Diseases, World Health Organization, Geneva, Switzerland, **4** Centre for Infectious Disease Epidemiology and Research, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa, **5** Center for Dissemination and Implementation, Institute for Public Health, Washington University in St. Louis, Saint Louis, Missouri, United States of America

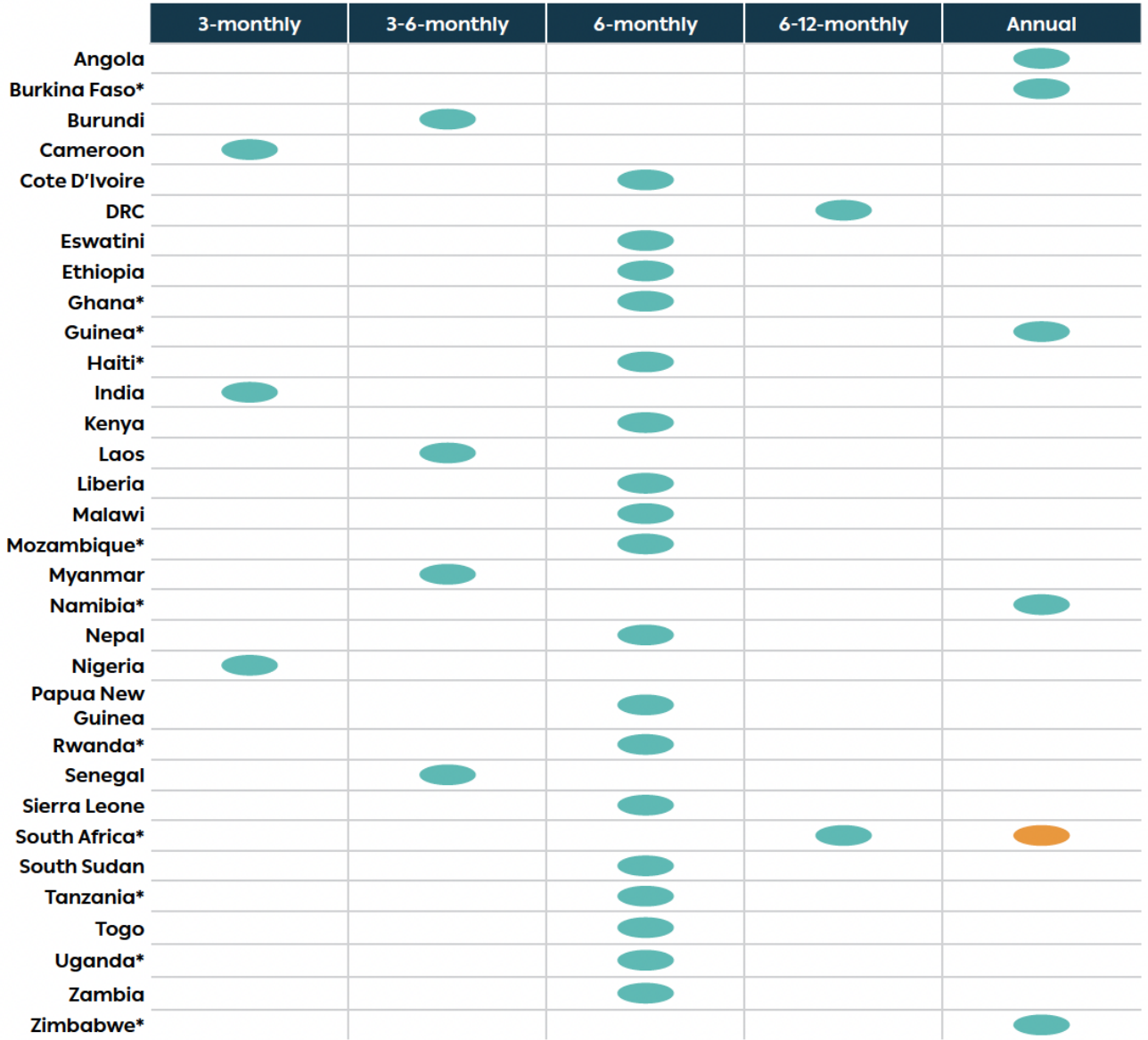
* lnoelle@wustl.edu

Check for updates

"Among studies comparing reduced clinical consultation frequency (6- or 12-monthly) to 3-monthly consultations, there appeared to be no difference in retention (RR 1.01, 95% CI 0.97–1.04, p = 0.682, 8 studies, low certainty), and this finding was consistent across 6- and 12-monthly consultation intervals and delivery strategies."

FREQUENCY OF CLINICAL CONSULTATIONS AMONG THOSE IN DSD FOR HIV TREATMENT

Version: 20 January 2022
www.differentiatedservicedelivery.org



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

Rwanda: 3 monthly clinical consultations for children, adolescents and pregnant women

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

AIDS 2022

The science of differentiated service delivery: Where we are and where we are going

Monday 1 August, 08:00-09:00

Room 516/Channel 6

https://programme.aids2022.org/Programme/Session/71

Accelerated differentiated PrEP service delivery

Adaptations to PrEP during COVID-19	
WHEN Service frequency	Reduced frequency of in-person follow-up (extended PrEP refills)
WHERE Service location	Decentralized PrEP refills
WHO Service provider	Supported by peer providers
WHAT Service package	Self-sampling, HIV self testing

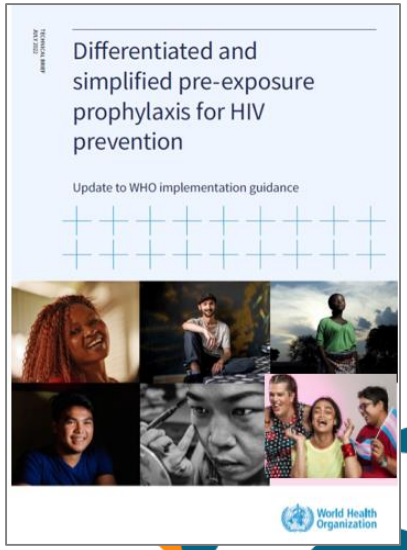
AIDS 2022

JOIN US

Expanding access to PrEP through differentiated service delivery: Lessons from COVID-19 adaptations

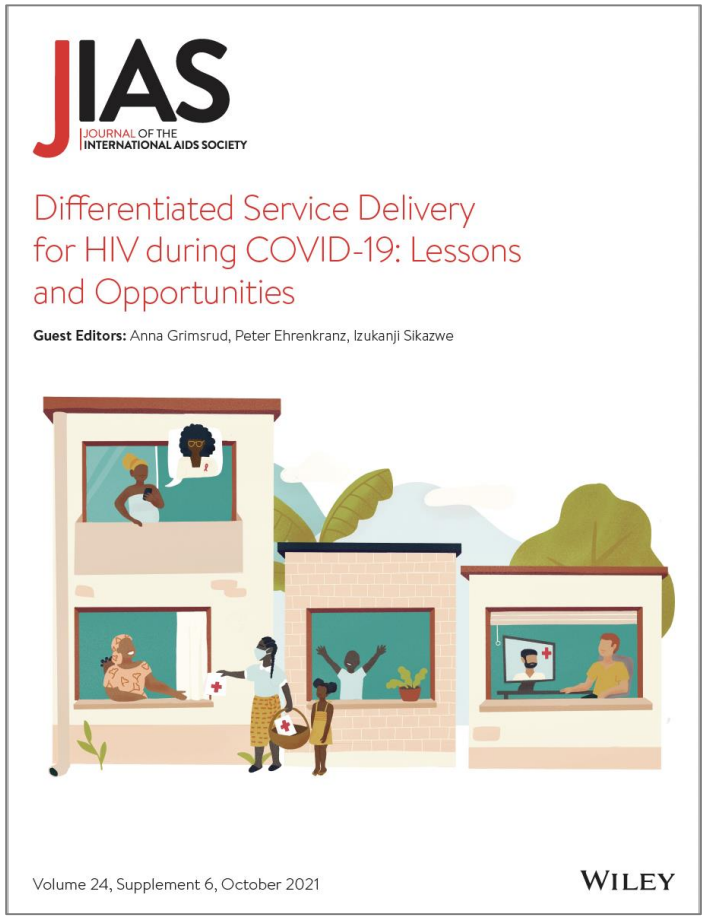
Saturday 30 July, 08:00-09:00

Room 517c/Channel 5



https://programme.aids2022.org/Programme/Session/434

Expansion of virtual support to accelerate initiation and facilitate monitoring



"We needed to find a way for clients to get their ART and receive the [medical services] as if they came to the clinic. This led to the [incorporation of] the telehealth follow-up via video call. We chose the technological tools that are widely available, which are smartphone and LINE application."
–Physician 1

Amatavete S et al. *Journal of the International AIDS Society* 2021, **24**(S6):e25816
http://onlinelibrary.wiley.com/doi/10.1002/jia2.25816/full | https://doi.org/10.1002/jia2.25816

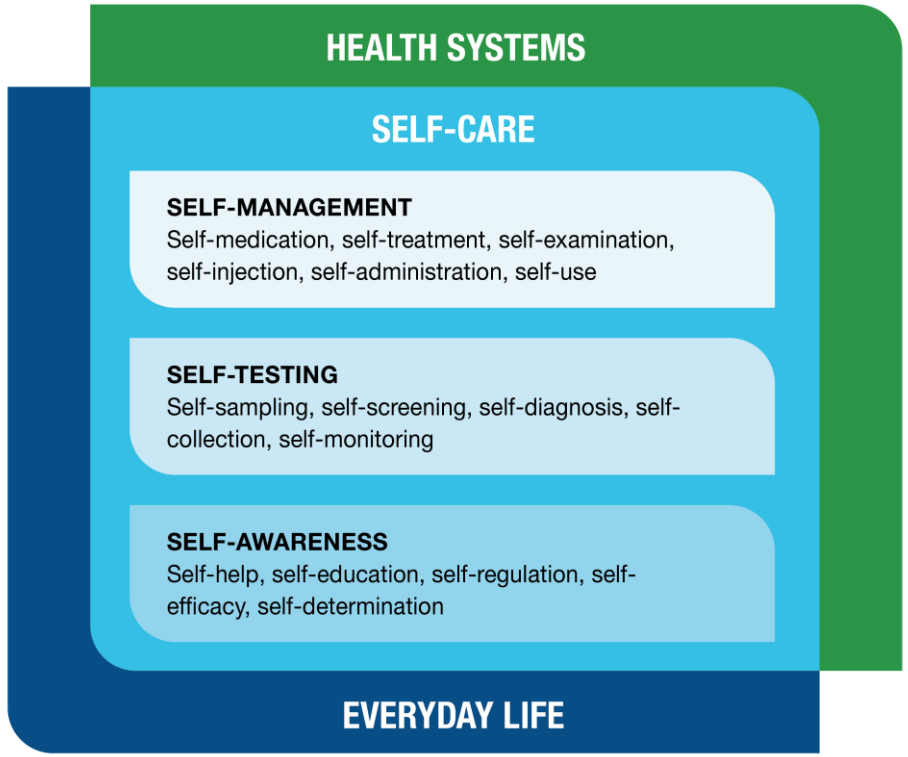
JIAS JOURNAL OF THE INTERNATIONAL AIDS SOCIETY

RESEARCH ARTICLE

Evaluation of the integration of telehealth into the same-day antiretroviral therapy initiation service in Bangkok, Thailand in response to COVID-19: a mixed-method analysis of real-world data

Sorawit Amatavete[1,§,*], Sita Lujintanon[1,*], Nipat Teeratakulpisarn[1], Supanat Thitipatarakorn[1], Pich Seekaew[1,2], Chonticha Hanaree[1], Jirayuth Sripanjakun[1], Chotika Prabjuntuek[1], Lertkwan Suwannarat[1], Thana Phattanathawornkool[1], Nuttawoot Photisan[1], Sujittra Suriwong[1], Matthew Avery[3], Stephen Mills[3], Praphan Phanuphak[1], Nittaya Phanuphak[1] and Reshmie A. Ramautarsing[1]

Push towards self-care



"Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider."

- World Health Organization

2021 updated WHO guidance for HIV

Recommendation	Update or new
ART initiation may be offered outside the health facility *(Conditional recommendation; low- to moderate-certainty evidence)*	New
People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible *(Strong recommendation; moderate-certainty evidence)*	Update[a]
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)*	Update[b]
HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement *(Strong recommendation; low-certainty evidence)*	New
Sexual and reproductive health services, including contraception, may be integrated within HIV services *(Conditional recommendation; very-low-certainty evidence)*	Update[c]
Diabetes and hypertension care may be integrated with HIV services *(Conditional recommendation; very-low-certainty evidence)*	New
Psychosocial interventions should be provided to all adolescents and young adults living with HIV *(Strong recommendation; moderate-certainty evidence)*	New
Task sharing of specimen collection and point-of-care testing with non-laboratory personnel should be implemented when professional staffing capacity is limited *(Strong recommendation; moderate-certainty evidence)*	Update[d]

Updates included:

- ART initiation outside of health facilities
- Preference for 6 monthly clinical visits and 6 monthly ART refills
- Provide support for re-engagement

AIDS 2022

Continued evaluation outcomes during COVID-19

- Earlier access to multi-month dispensing
- Multi-month dispensing for those with elevated viral load
- Outcomes for specific populations
- Extended clinical consultations

Innovative differentiation: How best to deliver HIV testing, treatment and prevention services

Saturday 30 July, 10:30-11:30
Oral abstract session
Room 517c/Channel 5

https://programme.aids2022.org/Programme/Session/174

It’s time to build on the resilience

- Critical to not reverse the gains
  - E.g. Access to extended ART refills for those who are pregnant and breastfeeding in Ethiopia
- Learn from empowering recipients of care and supporting community systems
- Continue to accelerate implementation

Presented by: Maureen Milanga, Health GAP, Kenya

DSD for HIV treatment in 2022

The importance of community-based models of ART delivery

AIDS 2022

AIDS 2022

I have no relevant financial relationships with ineligible companies to disclose

AIDS 2022

What are community models?

Community-based models are:

+ Easier and quicker ways to collect ARVs
+ Closer to where people live and/or work
+ At times, integrate collection of TB prevention, treatment for comorbidities etc.
+ At times, include the option of treatment literacy and peer support

Four models of DSD for HIV treatment
Endorsed by WHO

Diversity of "out-of-facility"/community models

- Home delivery
- Private pharmacy
- Community pharmacy
- Community based organisation
- Drop-in centres
- Mobile / outreach services
- Community/home groups (facilitated or not)

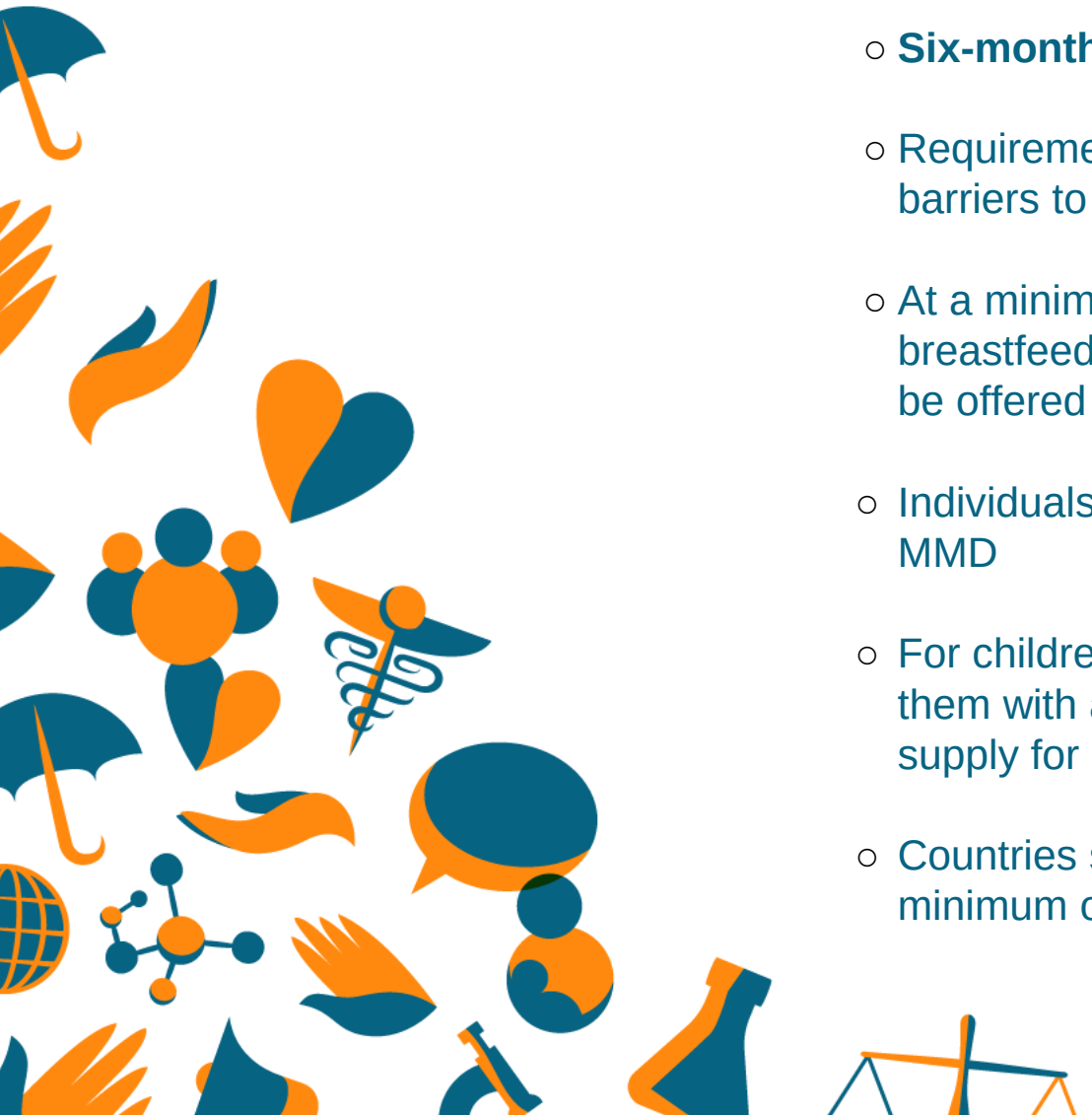




AIDS 2022

Multi-month dispensing is an enabler*

- **Six-month** dispensing is preferred
- Requirements (a minimum time on ART, documented suppressed viral load) are barriers to the successful scale-up
- At a minimum, most clients (adults, children, adolescents/youth, pregnant and breastfeeding women, members of key populations, and foreign nationals) should be offered prescriptions for six months of ART
- Individuals newly on ART and those re-engaging in treatment should be offered MMD
- For children initiating and refilling ART, every effort should be made to supply them with a 3-month supply of ARVs for children 2-<5 years old and a 6-month supply for children age 5+ years.
- Countries should continue to scale up programs for 6-month MMD for adults and a minimum of 3-month MMD for children.



*Supports DSD, but not essential

Why community models?

- **Our clinics are in crisis**
  - Staff shortages / long waiting times / early mornings / missing/lost files
  - Long distances to get to the clinic
  - Poor attitudes of healthcare workers / staff being openly hostile or abusive towards key populations
  - Sites that are dirty or overcrowded
  - Stockouts of medicines
  - Privacy violations
  - Sent to back of the queue, shouted at if missed appointment
  - Denial of services due to no transfer letters
- **Community models mean people living with HIV can take less trips to the facility**
  - Less interaction with the health system meaning less burden on people living with HIV, health facilities and healthcare workers
- **HIV programme evolution**
  - Giving longer ARV scripts increases need for peer support and treatment literacy at the community level, as well as services like treatment collection for co-morbidities, TB prevention, TB treatment, family planning
- **New pandemics**
  - COVID-19 shows importance of DSD models as lockdown as well as challenges such as clinic closures and fear of exposure hinder access to facilities.

AIDS 2022

”The goal of treatment for all people living with HIV is durable viral suppression, which reduces morbidity and mortality and prevents HIV transmission. Continuity of treatment is critical to maintaining health and achieving epidemic control”

AIDS 2022

Importance of community models during COVID-19

- **COVID-19 led to:**
  - Lockdowns with limited and/or no travel
  - Clinic closures and staff shortages due to people getting COVID-19
  - Healthcare users not going to the clinic due to fears of exposure to COVID-19
  - Access denied due to no masks
  - Lack of waivers to ensure access to facilities

Community-models strongly supported resilience of ART treatment programme during COVID-19 – no need to go to facility, more easily enabled short term transition to out of facility ART collection.

AIDS 2022

Policies vs. implementation

COMMUNITY MODELS OF DSD FOR HIV TREATMENT

Version: 20 January 2022
www.differentiatedservicedelivery.org

Key

- National policy
- Interim COVID-19 policy

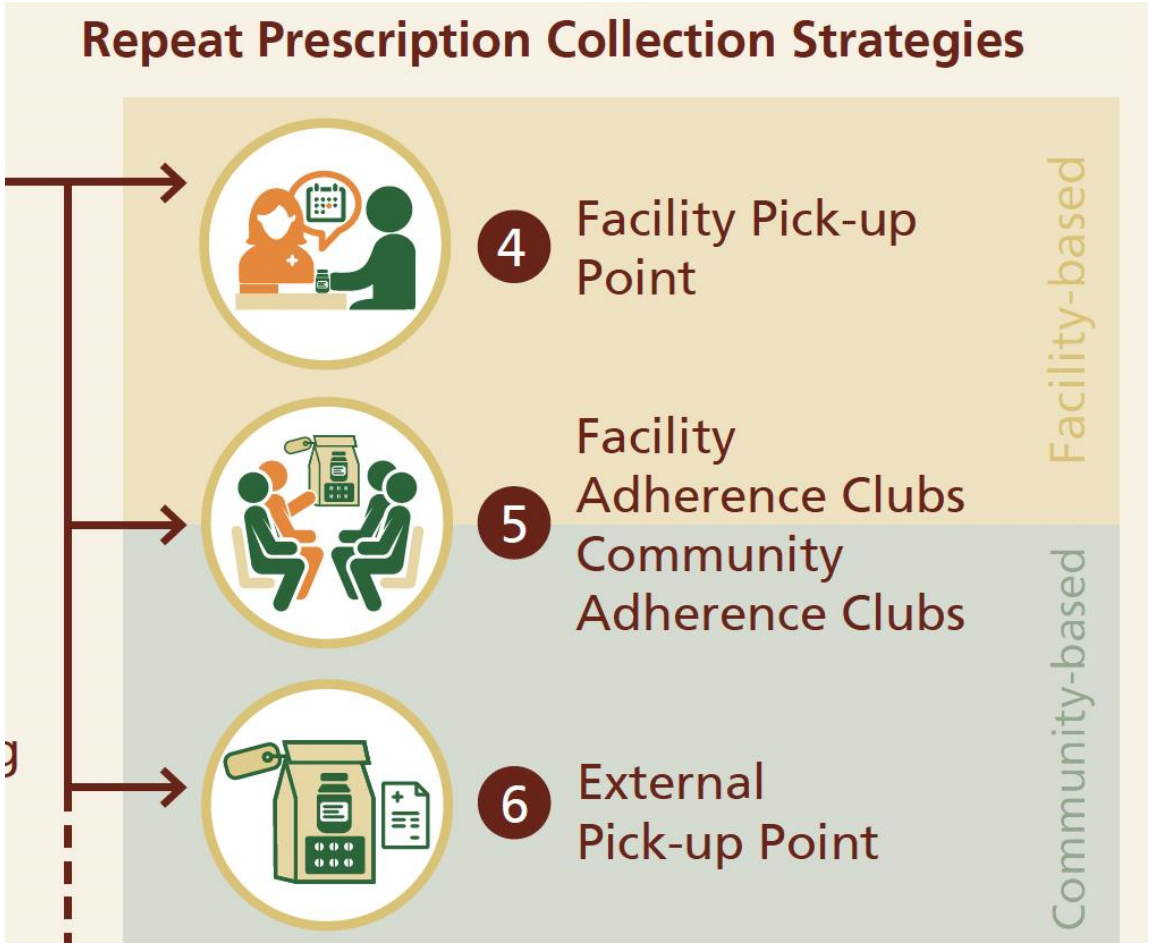
References

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

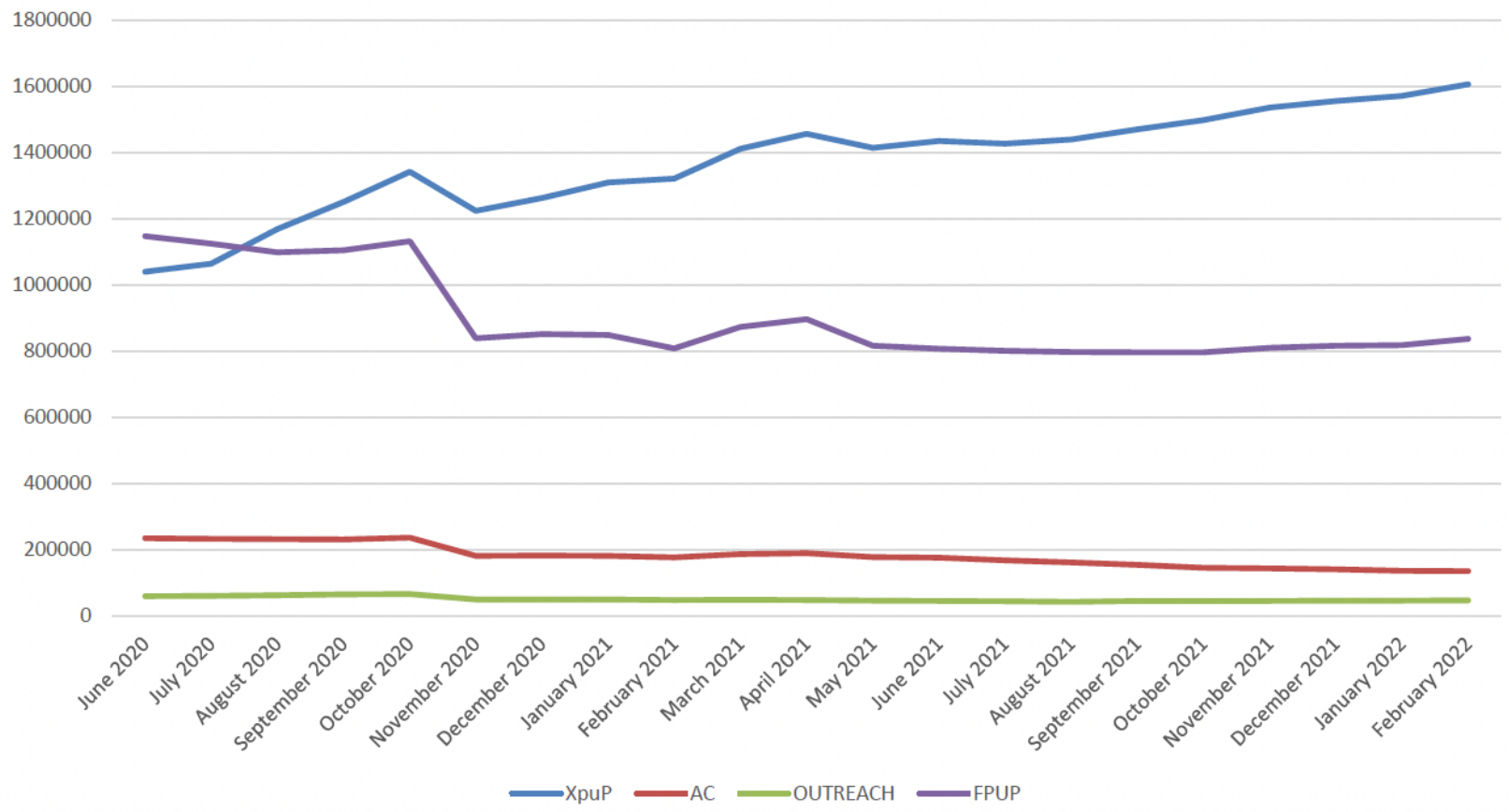
Notes

Burkina Faso: 6MMD at both facility and community level
Burundi: Community models are 3MMD community groups managed by facilitator collecting ART from facility (called PODI)
Cameroon: Separate policy for community-based organizations to dispense ART
Cote D'Ivoire: Covid-19 policy introduced home delivery of ART for those over 60 years and/with co-morbidities
DRC: Community-based models are PODI (3MMD) and community adherence groups (CAGs) (1MMD)
Eswatini: Community outreach model and CAGs; KP specific community models: Fast track at outreach mobile model and KP Community ART groups serviced by mobile outreach (not clinic) and KP clubs at mobile outreach
Ethiopia: Urban health extension professional/health extension-managed community ART refill groups (UHEP/HEP_CAG) and peer-led community-based ART distribution model (PCAD) endorsed. COVID-19 policy introduced home delivery of ART.
Ghana: Community-based models are community health points (CHPs), drop-in centers and community pharmacy refills. Home delivery of ART is also permitted during routine home visits by Community Health Officers or peer supporters.
Guinea: After 12 months in the model, the 6MMD can be moved to community-based refills (with an annual clinical consultation)
Haiti: 6MMD model can be integrated into community-based models including home delivery, support groups and CAGs
India: COVID-19 policy introduced community-based models for ART refills including home delivery/ peer networks
Kenya: Community-based models including home delivery via community health workers (CHWs) and CAGs
Laos: Community-based models endorsed but not detailed in policy
Lesotho: Community-based model is CAGs
Malawi: Models include Teen Clubs, mobile clinics like ART-provider managed Community ART Groups, drop-in centres, and pharmacy fast-track refills
Mozambique: Community-based models include mobile outreach (called Mobile Brigades) and CAGs (acronym in Portuguese is GAACs)
Namibia: Community-based models include comprehensive community-based health services (old C-BART/outreach), CAGS, community-based, client-led distribution groups
Nepal: Community-based model is community ART centres
Nigeria: Community-based models endorsed but not detailed in policy
Papua New Guinea: Community-based models include individual refill model using CHWs, pharmacy dispensers or peer-led provided trained
Senegal: Community models endorsed but not detailed in policy
Sierra Leone: Community-based models include community ART refill collection points and drop-in centres
South Africa: Community-based models include external pick-up points (including private pharmacies/containers, lockers, community pick-up points) and community-based adherence clubs
South Sudan: Community-based models include outreach and community ART refill groups
Tanzania: Community-based model is mobile outreach services
Uganda: Community-based models include community drug distribution points (CDDPs) and community client-led ART delivery (CCLAD)
Zambia: Community-based models include health post dispensation, home delivery, community based pick-up, CAGs and Urban Adherence Groups (UAGs); Covid-19 policy mentions community based pick-up and home delivery
Zimbabwe: Community-based model is community adherence refill groups (CARGs)

Community models in South Africa

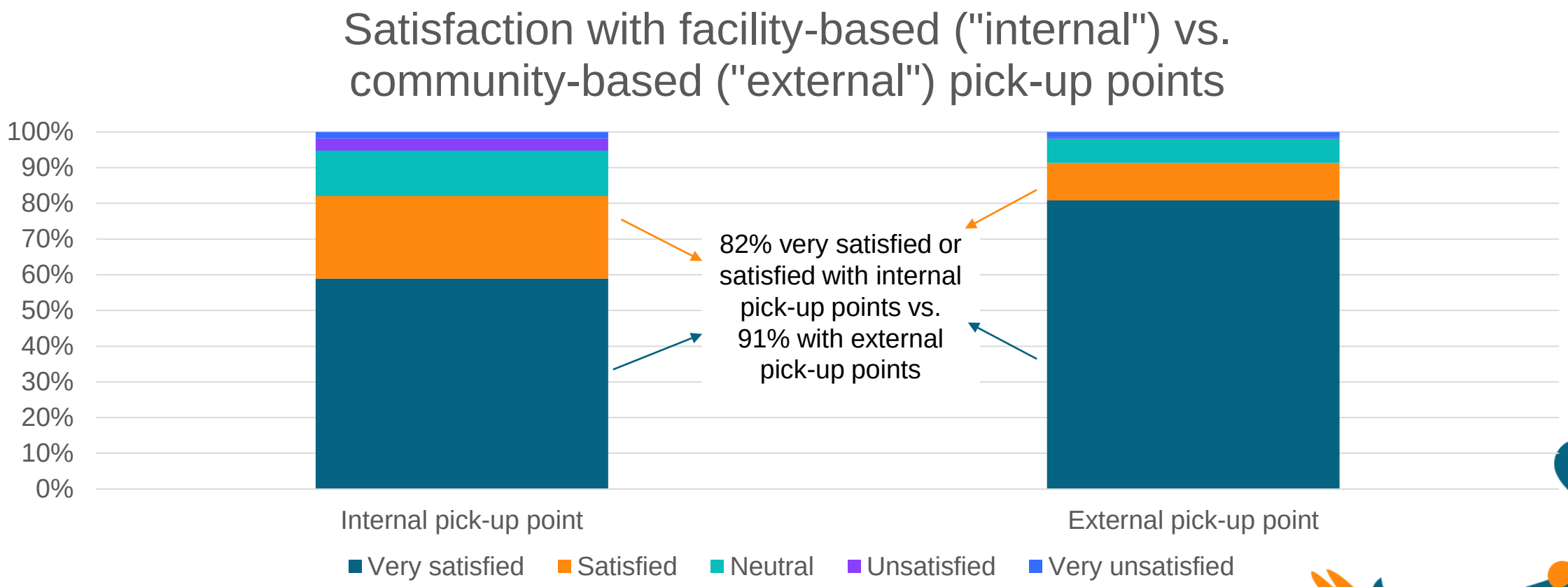


Push to expand external pick-up points



+ External PuPs are the preferred collection modality
+ There has been a slight increase in the facility PuP modality after COVID-19 crisis
+ Outreach points are at a consistent level
+ Adherence Clubs are declining AND note resurrected after COVID-19 restrictions

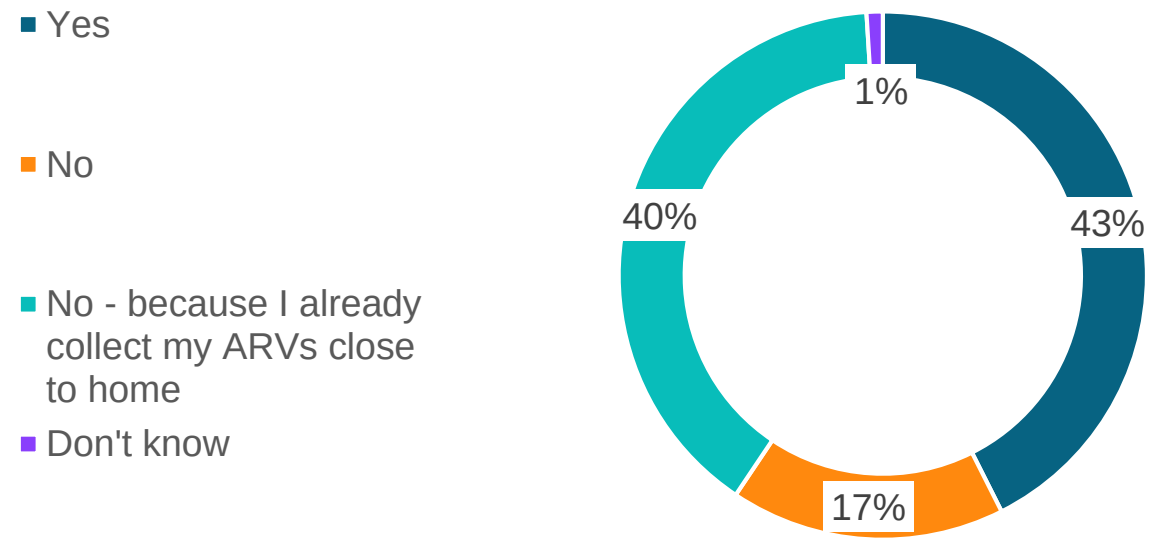
High satisfaction with community pick-up points



Collecting ARVs closer to home

More than half of PLHIV who were surveyed (43%) said that they would like to collect ARVs closer to their home if it were possible, 40% said they already collect close to home

Would people living with HIV like to collect ARVs closer to home?
Survey of n=9,847



Community DSD implementation challenges

- Yet to be fully scaled up in most countries
- Confusion of DSD models vs 6MMD
  - MMD is an important part of differentiated service delivery but should not be equated with differentiated service delivery. The critical intervention is separation of drug delivery from clinical care.
- Where DSD model are only attached to the HIV programme and people have to keep going to the facility for other diseases (TB and NCDs) and preventative healthcare (family planning)
- Group formats not resurrected after COVID-19 – no psychosocial/peer support option for people living with HIV who want this
- Community-models need community health systems funded and enabled
- What would intentional or non-intentional disinvestment mean when health facility attendance put under threat again?

Tsitsi Apollo, Ministry of Health and Child Care, Zimbabwe

DSD for HIV treatment in 2022

Integrating non-HIV services within DSD for HIV treatment, Zimbabwe

AIDS 2022

AIDS 2022

I have no relevant financial relationships with ineligible companies to disclose

Providing person-centred care means that HIV services should look to integrate other health needs into the DSD for HIV treatment models

The priority areas for integration into DSD for HIV treatment models are:

- TB treatment and prevention
- Family planning (FP)
- Cervical cancer screening and treatment (according to national guidance)
- Cardiovascular risk assessment and management of hypertension and diabetes
- Screening and management of depression, anxiety and substance abuse

The goal of integration should be to provide a one-stop service for the recipient of care (RoC) during routine care.

- At the same facility, ideally in the same clinic room
- On the same day
- By the same healthcare professional

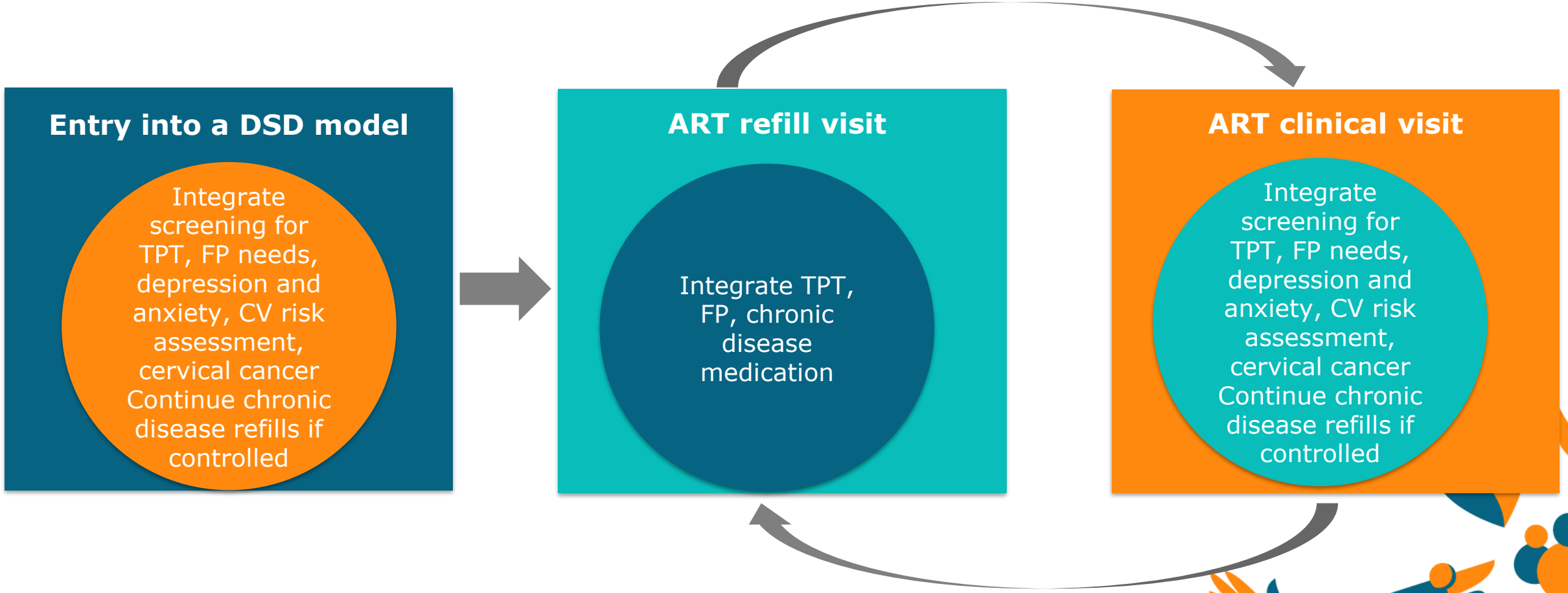
DSD for HIV treatment models can be leveraged to:

Screen or assess for other health conditions or needs at entry into DSD and at clinical visits.

AND

Integrate the delivery of other medications into the DSD for HIV treatment models for RoCs established on treatment.

Opportunities for integration of other health needs into DSD for HIV treatment models



Policy enablers

Increased duration of refills and alignment of medication refills with ART refills

Task sharing of prescribing for initiation, titration (for NCD medication) and maintenance

Decentralization of drug dispensing and distribution

Zimbabwe experience of TPT integration into DSD for HIV treatment

- Integration guidance provided in 2017 national Operational and Service Delivery Manual (OSDM)
- TB screening task shifted to lay cadres
  - e.g. CARG leaders at each refill visit – documentation done both in community and at the facility
- TPT given in CARGs and in other DSD models
- DSD Review 2021 revealed that 12 - 16% of 4,572 RoCs received TPT whilst enrolled in DSD models
- Multi-month dispensing currently ongoing nationally for 3HP and 6H for RoC both enrolled in DSD models and not
- As part of *Rapid guidance on HIV service delivery in COVID-19 context*, for people living with already on TB and TPT regimens, health facilities kept remaining medicine doses needed to complete a full course of treatment

Going forward – TPT integration within 2022 OSDM

	Screening for TB	Initiation of TPT	TPT refill	Completion of TPT
WHEN Service frequency	Every ART refill/ clinical visit	Clinical visit **Multi-month TPT refill provided from initiation 3-6mth**	Aligned with ART refill **Multi-month TPT provided**	Clinical visit
WHERE Service location	Facility Community	Facility Community	Facility Community Home **Remote follow-up**	Facility Community **Remote follow-up**
WHO Service provider	Peer, lay worker, nurse, clinical officer, doctor **Community cadres, including CATS and key population peer supporters**	Nurse, clinical officer, doctor	Peer, lay worker, nurse, pharmacist, clinical officer, doctor **Community cadres, including CATS and key population peer supporters**	Nurse, clinical officer, doctor
WHAT Service package	Verbal TB screen and TB tests according to local TB diagnostic algorithm	Verbal TB screen and TB tests according to local TB diagnostic algorithm TPT eligibility assessment (incl. contraindications for TPT); treatment literacy for TPT side-effects; and TB symptoms Script for TPT refills and align with	Provision of TPT and ART refills TPT follow up (TPT side-effects/TB symptoms) Register TPT follow up	TB symptom assessment register TPT completion documentation **Educate on the need to repeat TPT in three years**

- TPT may be integrated into any of the four standard DSD for HIV treatment models and into those models adapted for specific populations.
- TPT must also be offered to children and adolescents and integrated into their adapted DSD for HIV treatment models.
- Shorter regimens (i.e.. 3HP, 3RH and 6LFX) may be integrated into DSD models

Zimbabwe experience of NCD integration into DSD for HIV treatment

- Integration guidance provided in 2017 National OSDM
  - All people living with HIV should have an **annual blood pressure check** and assessment of cardiovascular risk during their HIV clinical review
  - All people living with HIV should have a **brief assessment of depression and anxiety**
  - **Synchronized refill dates** for ART and other co-morbidities treatment
  - Clinical review of stable clients on ART with other chronic comorbidities were integrated on the **same day, under the same roof, by the same clinician** where possible.
- As part of *Rapid guidance on HIV service delivery in COVID-19 context*, prioritized the following groups from 3MMD
  - People living with HIV on ART 50 years of age and older
  - People living with HIV with comorbidities like diabetes, cancer, hypertension and other cardiovascular conditions

Going forward – NCD integration within 2022 OSDM

	Hypertension (HTN) / Diabetes (DM)			
	Screening and diagnosis	**Initiation**	**Titration**	**Maintenance when established on HTN/DM medication**
WHEN Service frequency	At ART initiation/re-initiation Entry into DSD Clinical visits If normal, repeat BP annually Repeat screening for DM for those with risk factors	At ART initiation/re-initiation Entry into DSD Clinical visits	Booked monthly visits until hypertension is controlled	Three monthly clinical and refill for HTN/DM Annual clinical and six monthly refills for HIV Align clinical and refill appointments
WHERE Service location	Same location as ART	Same location as ART	Same location as ART	Same location as ART
WHO Service provider	Nurse, Community cadres including CATS and key population peer supporters	Same healthcare worker as ART, Doctor, Nurse	Same healthcare worker as ART, Doctor, Nurse	Same healthcare worker as ART
WHAT Service package	Correct measurement of BP; fasting glucose; HBA1C	Correct selection of initial BP or DM medication according to algorithm	Correct measurement of BP/testing of FBG or HBA1C and titration of HTN/DM medication according to algorithm	Hypertension, DM and ART refills BP and FBS check

- Define specific criteria for established on treatment for HTN and DM
- HTN/DM medications may be integrated into facility based individual models and healthcare managed groups.
- BP and FBS measurements integrated into these models
- Recognise opportunity for the future of the WHO recommendation of "Once established on treatment, BP can be checked every 6 months" to further simplify service delivery.
- Need WHO recommendations on frequency of visits for T2DM

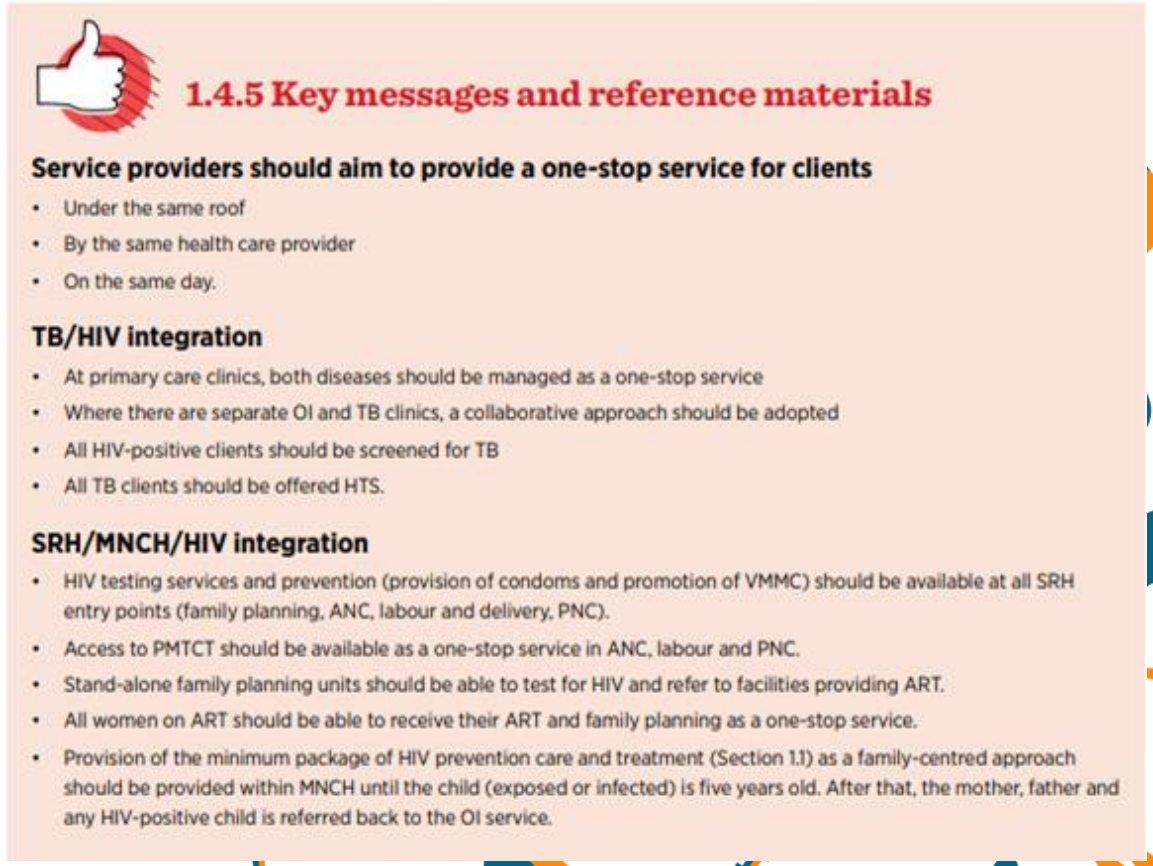
Going forward – mental health integration within 2022 OSDM

- Inclusion of **Stepped care pathway flowchart** to help health workers screen & manage CMDs
- **Screening**: Addition of GAD2 tool to screen for anxiety; inclusion of screening for substance abuse.
- **Adolescents**: All adolescents living with HIV screening significantly on PHQ2, GAD2 and SSQ tools
  - Service provider should prioritize psychosocial support & other interventions are prioritized before psycho-pharmacotherapy.
  - If requiring psycho-pharmacotherapy, they are red flagged - service provider should refer adolescent client to Mental Health.

Zimbabwe experience of contraceptive care integration into DSD for HIV treatment

Integration guidance provided in 2017 National OSDM

- Incorporating family planning (FP)into follow-up for stable clients
- Women of childbearing age receiving ART through such refill models must continue to access FP services
- Utilization of long-acting methods is advantageous
- Where clients use depot injections, they should ideally be able to access this in the community via the community health workers or outreach activities
- FP should be available for all people living with HIV as a one-stop service
- Adolescents should also be offered access to SRH education and family planning services in a non-judgmental environment



1.4.5 Key messages and reference materials

Service providers should aim to provide a one-stop service for clients

- Under the same roof
- By the same health care provider
- On the same day.

TB/HIV integration

- At primary care clinics, both diseases should be managed as a one-stop service
- Where there are separate OI and TB clinics, a collaborative approach should be adopted
- All HIV-positive clients should be screened for TB
- All TB clients should be offered HTS.

SRH/MNCH/HIV integration

- HIV testing services and prevention (provision of condoms and promotion of VMMC) should be available at all SRH entry points (family planning, ANC, labour and delivery, PNC).
- Access to PMTCT should be available as a one-stop service in ANC, labour and PNC.
- Stand-alone family planning units should be able to test for HIV and refer to facilities providing ART.
- All women on ART should be able to receive their ART and family planning as a one-stop service.
- Provision of the minimum package of HIV prevention care and treatment (Section 1.1) as a family-centred approach should be provided within MNCH until the child (exposed or infected) is five years old. After that, the mother, father and any HIV-positive child is referred back to the OI service.

Going forward – contraceptive care integration within 2022 OSDM

	IUD	Implant	Oral pills	Intra-muscular 3-monthly injectable	Condoms
WHEN Service frequency	At DSD entry by referral At DSD clinical visits At facility walk-in services in between visits	At DSD entry At DSD clinical visits At facility walk-in services in between visits	At same clinical and refill visit as ART Every 3 months	At DSD entry At DSD clinical visits At facility walk-in service Every 3 months	At same clinical and refill visit as ART Every 3 months
WHERE Service location	Primary care clinics Hospitals	Primary care clinics Hospitals	Primary care clinics Hospitals	Primary care clinics Hospitals	Primary care clinics Hospitals
WHO Service provider	IUD-trained doctor, midwife or nurse	Implant-trained doctor, midwife or nurse	FP-trained doctor, midwife, nurse, clinical officer, community-based distributor	FP-trained doctor, midwife, nurse, clinical officer	Doctor, clinical officer, midwife, nurse, community distributor, VHW, CATS and key population peer supporters
WHAT Service package	IUD information, counselling, insertion/ removal, management of side-effects	Impact information, counselling, insertion/ removal, management of side-effects	Combined and progestin-only pills, information, dispensing of pills, management of side-effects	Injectable information, counselling, giving of injections, management of side-effects	Male and internal; information, counselling, dispensing of condoms

Going forward – contraceptive care integration within 2022 OSDM

- Family planning (FP) is an essential pillar of the PMTCT programme. All available FP methods should be offered to women living with HIV of childbearing age, including to adolescent girls and young women.
- Long-acting methods (IUD, implant) do not require any interaction with the health facility after insertion until removal is indicated or the woman no longer requires contraception.
- *Where supplies of contraceptive pills are limited, a multi-month script should be provided. The RoC is then able to pick the remaining months' supply through a fast-track model or a community distributor.*
- Sayana Press is being piloted in Zimbabwe and offers opportunities for self-management and reduced clinic visits.
- Condoms should be provided through all the DSD models and family planning discussed with male RoCs at their clinical visits.
- FP may be integrated using the building blocks into any of the four standard DSD for HIV treatment models and into those models adapted for specific populations.
- FP must be offered to adolescents and young adults with a non-judgemental approach and integrated into their adapted DSD for HIV treatment models.

Implementation challenges

HIV/TPT Integration

Multiple bottles of medicines at home, storage challenges, risk of stigma and accidental disclosure

HIV/Family Planning

Limited availability of a full range of FP options;

Difficulties in delivering one-stop shop services

HIV/NCDs

Staff shortages and limited skills to offer services across multiple disease programs, harmonization of monitoring tools needed, limited medicines for NCDs

Acknowledgements:

- MOHCC
- Technical Working Groups:
  - Mental Health
  - DSD
  - NCDs
  - HIV/TB
- Funding and Technical Partners
- Recipients of Care

Nittaya Phanuphak, IHRI, Thailand & Wafaa El-Sadr, ICAP at Columbia, USA

Differentiated service delivery for HIV treatment in 2022

Q&A

Discussion

AIDS 2022

Up next...

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

Session presenters

Lynne Wilkinson
IAS, South Africa

Stanley Ngoma
Ministry of Health, Malawi

Cordelia Katureebe
Ministry of Health, Uganda

Hélder Macul
Ministry of Health, Mozambique

Lillian Mworeko
ICWEA, Uganda