

# Differentiated Care to Simplify HIV Services and Reduce Unnecessary Loss-To-Follow-Up

**Mpande Mukumbwa-Mwenechanya**

Centre for Infectious Disease Research in Zambia (CIDRZ)

# LONDON

## FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

SPONSORED BY:



IN PARTNERSHIP WITH:



# Differentiated Service Delivery (DSD)



“A client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system” [1]

1. IAS, <https://www.iasociety.org/Differentiated-Service-Delivery>

# Guiding Principles

- Patient-centeredness
  - Delivery of different care packages based on patient's **needs, preferences and expectations**
- Health systems efficiency


# Rational of DSD in Zambia



Source: BetterInfo Study, CIDRZ

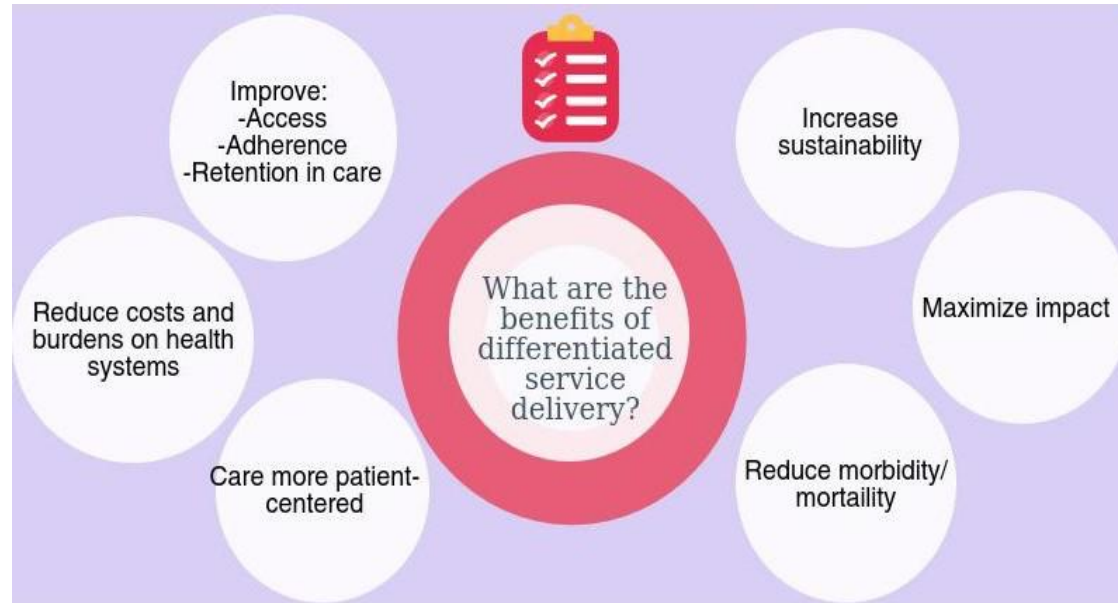
# Operational characteristics of antiretroviral therapy clinics in Zambia: a time and motion analysis



Radhika P. Tampi<sup>1</sup>, Taniya Tembo<sup>2</sup>, Mpande Mukumba-Mwenechanya<sup>2</sup>, Anjali Sharma<sup>2</sup>, David W. Dowdy<sup>1</sup>, Charles B. Holmes<sup>2</sup>, Carolyn Bolton-Moore<sup>2</sup>, Izukanji Sikazwe<sup>2</sup>, Austin Tucker<sup>1</sup> and Hojoon Sohn<sup>1</sup> 

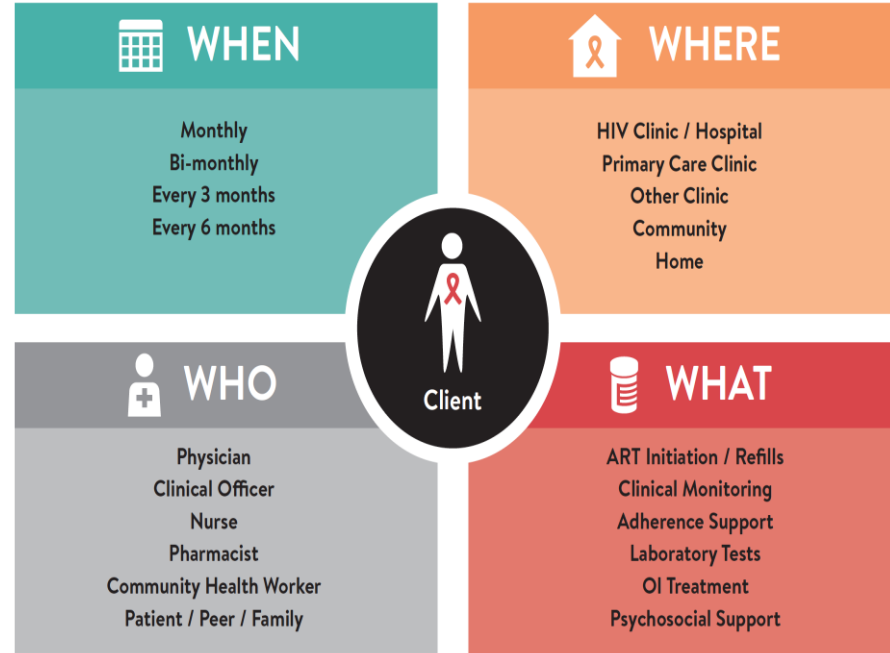
- Findings:
  - Substantial inefficiencies for both patients and HCWs
  - Workloads heavily concentrated in the first few hours of clinic opening, limiting HCW and patient interaction time
  - DSD may help to redistribute workloads more evenly and prevent patients queuing for hours before clinic opening

# 'BENEFITS' OF DSD



# DSD Model Categories

- **Client-managed groups** (known as community adherence groups or CAGs)
- **Healthcare worker-managed groups** (known as adherence clubs)
- **Facility-based individual models** (known as the six-monthly appointment or SMA programme)
- **Out-of-facility individual models** (known as points de distribution communautaires or PODIs)



# Gaps in knowledge

- Which DSD elements do patients prefer?
- How do preferences vary?
- What model should we choose for which setting?



## Differentiated Care Preferences of Stable Patients on Antiretroviral Therapy in Zambia: A Discrete Choice Experiment.

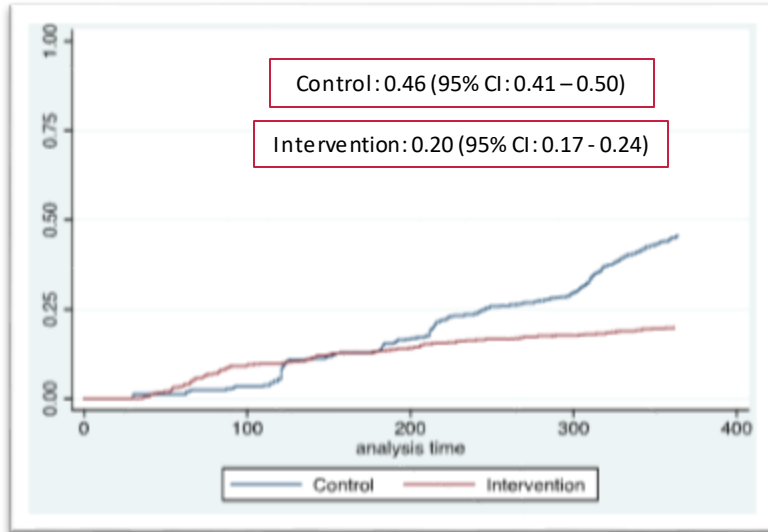
Eshun-Wilson I<sup>1</sup>, Mukumbwa-Mwenechanya M<sup>2</sup>, Kim HY<sup>3</sup>, Zannolini A<sup>4</sup>, Mwamba CP<sup>2</sup>, Dowdy D<sup>5</sup>, Kalunkumya E<sup>2</sup>, Lumpa M<sup>2</sup>, Beres LK<sup>5</sup>, Roy M<sup>1</sup>, Sharma A<sup>2</sup>, Topp SM<sup>6</sup>, Glidden DV<sup>1</sup>, Padian N<sup>7</sup>, Ehrenkrantz P<sup>8</sup>, Sikazwe I<sup>2</sup>, Holmes CB<sup>2,6,9</sup>, Bolton-Moore C<sup>2,10</sup>, Geng EH<sup>1</sup>.

- Asked patients to choose from different combinations of DSD attributes and attribute levels
- Conclusions:
  - Overall preferences vary
    - Reducing frequency of visits most valued
  - Urban participants
    - Want to receive ART at the Clinic
  - Rural participants
    - Want to receive ART in the community

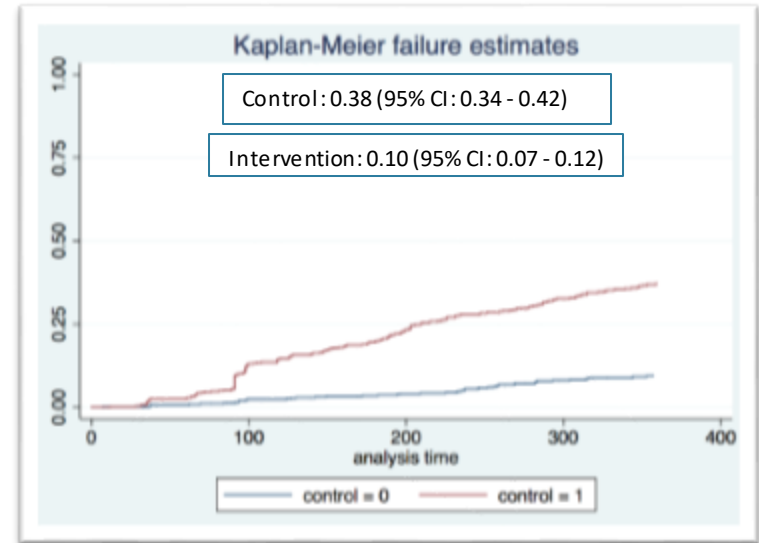
# Better Retention on DSD (CommART)

Assessed 3 DSD Model Effectiveness in cRCT;  
Cumulative incidence of first late drug pickup at 12 months, 28 days late

## UAG Model



## CAG Model

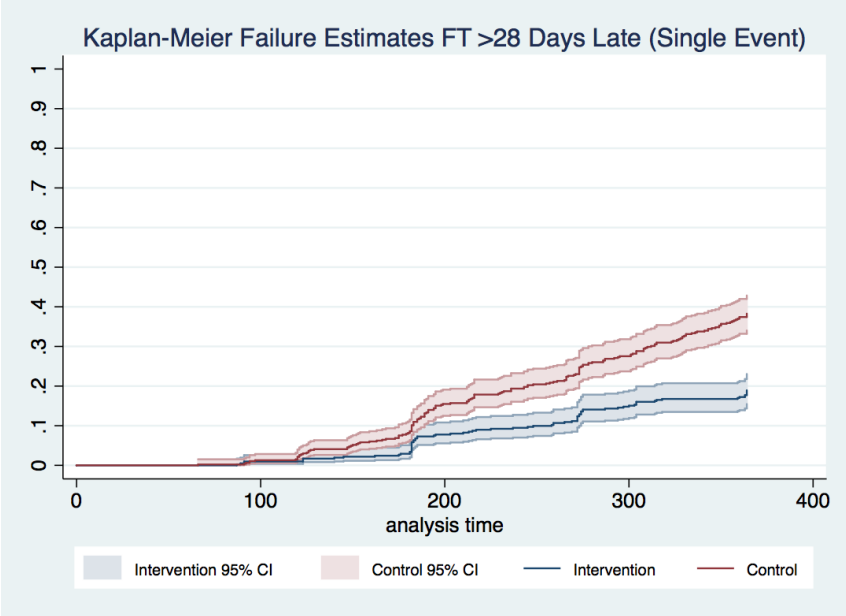


Log-rank test:  $p < 0.0001$

# Better Retention on DSD (CommART), Cont'd



## FT Model



- Significant benefit in intervention at 180 and 365 days of follow-up time

# Evidence Limitations

- Beyond stable adults: impact for key and vulnerable populations
- What services to integrate in DSD?
- Very few RCTs to support evidence
- There is little evidence on scale-up
- Retention past 24 months
- The effect on the health system not well documented
- Viral suppression
- Cost effectiveness of DSD not known

# Future directions for DSD



- Cost – to the health system and clients/families
- DSD from prevention to viral suppression
- Client choice, satisfaction and quality
- Integration of co-interventions within HIV DSD to care for co-morbidities and co-infections
- Strengthening of health information systems to track patients between service delivery points to monitor, evaluate and report HIV care as a continuum instead of a silo approach

# Conclusion

- Minimizing the burden of frequent appointments improves retention – a lesson that may have broad implications for innovative health services outside of HIV as well as within HIV.
  - **Business cannot continue as usual!**
- The choice of effective DSD options will depend on the context and clinic population

# Thank You



- Acknowledgements:
  - Zambian MoH, DSD Task Force, Facility Staff, Patients
  - PEPFAR/CDC
  - BMGF
  - CommART Team
  - CIDRZ HIV care and treatment team

<http://www.cidrz.org/toolkits/commart-toolkit/>