

VIRTUAL

FAST-TRACK CITIES 2020

September 9-10, 2020

SPONSORED BY:



IN PARTNERSHIP WITH:



Service delivery

Pre-conference session

VIRTUAL

FAST-TRACK CITIES 2020

September 9 - 10, 2020

DIFFERENTIATED SERVICE DELIVERY

Scaling up what works in the
face of co-existing
pandemics

Anna Grimsrud, PhD
anna.grimsrud@iasociety.org
International AIDS Society



**DIFFERENTIATED
SERVICE DELIVERY**

SPONSORED BY:



IN PARTNERSHIP WITH:



“Differentiated service delivery (DSD), or differentiated care, is a **client-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, [Reimagining HIV service delivery: the role of differentiated care for prevention to suppression](#), JIAS 2016.

DSD

SCALE UP BEFORE COVID-19



**DIFFERENTIATED
SERVICE DELIVERY**

BEFORE COVID-19

Endorsement and support by global agencies and ministries of health



Figure 1: Five key investment principles for the 2020-2022 allocation period



[Global Fund HIV Information Note](#)



PEPFAR 2020 Country Operational Plan

Guidance for all PEPFAR Countries

Adoption and implementation of differentiated service delivery models for clinically stable clients that ensures choice between facility and community ART refill pick-up location and individual or group ART refill models. All models should offer patients the opportunity to get 6 months of medication at a time without requiring repeat appointments or visits.

[PEPFAR 2020 Country Operational Plan Guidance for all PEPFAR Countries](#)

<http://differentiatedservicedelivery.org/Guidance/National-policy>



BEFORE COVID-19

More countries developing DSD guidance and moving from pilot to scale up

... including in West and Central Africa



[“Prioritizing differentiated ART delivery to fast track reaching HIV targets in West and Central Africa”](#)

[Consultation on Differentiated ART delivery in West and Central Africa, May 2019](#)

BEFORE COVID-19 Expansion of DSD

For specific populations

- For adolescents
- For children
- For key populations

Wilkinson L. et al. *Journal of the International AIDS Society* 2020; 23:e25482
<https://onlinelibrary.wiley.com/doi/10.1002/jia2.25482> | <https://doi.org/10.1002/jia2.25482>



VIEWPOINT

Children and their families are entitled to the benefits of differentiated ART delivery

Lynne Wilkinson^{1,2}, George K. Siberry², Rachel Golin³, Benjamin R. Phelps³, Hilary T. Wolf⁴, Surbhi Modi⁵ and Anna Grimsrud^{1,5}

THE LANCET
HIV

COMMENT | VOLUME 6, ISSUE 10, E646-E648, OCTOBER 01, 2019

Families matter: differentiated service delivery for HIV

Across the HIV care cascade

- To include HIV testing, linkage and ART initiation



DIFFERENTIATED SERVICE DELIVERY FOR HIV:

A DECISION FRAMEWORK FOR HIV TESTING SERVICES

Mobilizing, testing, linking

It's time to test differently.

BEFORE COVID-19 Expansion of DSD (2)

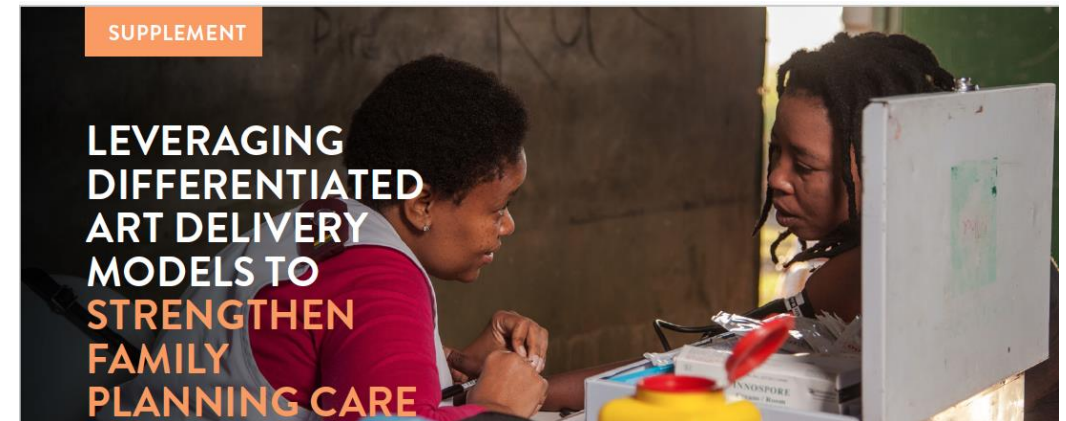
- Integration of additional services

Scale up TB preventive therapy (TPT)



http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks

Strengthen family planning care



Leveraging DSD to scale up TPT

1. Differentiated ART delivery models for clinically stable ART clients can be leveraged to improve TPT coverage.
2. TPT can be continued or started for clients enrolled in both facility and community differentiated ART delivery models.
3. Investment in treatment literacy around TB symptoms and TPT side-effects is needed to enable less frequent clinical visits.
4. TPT refills should be aligned with ART refills to support client adherence by limiting the number of required facility visits.
5. TB screening, TPT refills, TPT follow up and treatment literacy can be provided by lay healthcare workers, expert clients or peers within differentiated ART delivery models.



Excerpt from “[Leveraging differentiated ART delivery models to stable clients to scale up TB preventive therapy](http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks)”
http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks

Leveraging DSD to strengthen family planning



1. Engage women and girls living with HIV.
2. Utilize DSD referral and follow up as an opportunity for continuity of family planning care.
3. Promote the use of long-acting reversible contraceptives among clients in differentiated ART delivery models.
4. Align contraceptive and ART resupplies in differentiated ART delivery models.
5. Integrate family planning and ART care in differentiated ART delivery models in facilities and communities.

Excerpt from "Leveraging differentiated ART delivery models to strengthen family planning care",
http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks

DSD

SCALING IN THE FACE OF CO-EXISTING PANDEMICS



**DIFFERENTIATED
SERVICE DELIVERY**

DSD provides necessary tools to limit PLHIV exposure to SARS-CoV-2 co-infection while accessing ongoing care and treatment

Reducing the frequency of visits to healthcare facilities



There is precedent for expediting DSD approaches during times of emergency



Guinea - During the 2014-2015 Ebola outbreak, people living with HIV were provided with 6-month ART refills



Sierra Leone - During the 2014-2015 Ebola outbreak, peers started collecting and distributing ART refills to patients' homes or from community meeting points



Central African Republic - In response to conflict in the in 2015, patients were provided with 6-month refills distributed by lay healthcare workers from decentralized peripheral health facilities



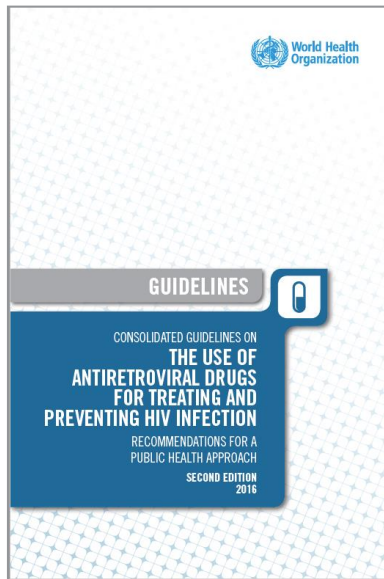
Mozambique – In 2019 during armed conflict, mobile clinics provided outreach and ART refills within communities

Wilkinson L & Grimsrud A, [The time is now: Expedited HIV differentiated service delivery during the COVID-19 pandemic, JIAS, April 2020.](#)

Five ways in which DSD of ART has been accelerated during COVID-19

1. Extending duration of ART refills and prescriptions
2. Expanding options, especially out-of-facility/community-based, for ART refills
3. Integrating/aligning refills for TB meds/TPT, contraceptive commodities and other common chronic meds
4. Scaling (or nudging) of DSD implementation
5. Expanding eligibility for DSD

1. Extending duration of ART refills and prescriptions



In the 2016 guidelines, the World Health Organization has recommended:

- 3-6 monthly ART refills and
 - 3-6 monthly clinical visits
- for people who are clinically stable on ART.

<p>NEW</p> <p>6.7 Frequency of visits</p>	<p>Less frequent clinical visits (3–6 months) are recommended for people stable on ART (strong recommendation, moderate-quality evidence).⁴</p> <p>Less frequent medication pickups (3-6 months) are recommended for people stable on ART (strong recommendation, low-quality evidence).⁵</p>
---	---

WHO, [Consolidated guidelines on the use of antiretroviral drugs for treating and prevention HIV infection, 2016](#).

- **Refills** should be extended to a minimum of 3 months with 6-month refills permitted where stock allows; even if only as a once off or only for a specific regimen
- **All ART patients not yet clinically stable should receive a 6-month prescription**
Longer prescriptions will allow for flexibility should it not be appropriate for patients to return to a health facility after 3 months

Wilkinson L & Grimsrud A, [The time is now: Expedited HIV differentiated service delivery during the COVID-19 pandemic, JIAS, April 2020](#).

1. Extending duration of ART refills and prescriptions



[< Go back to all Coronavirus disease 2019 Q&As](#)

Q&A: HIV, antiretrovirals and COVID-19

24 March 2020 | Q&A

What is the role multi-month prescriptions and dispensing for antiretrovirals and other medicines?

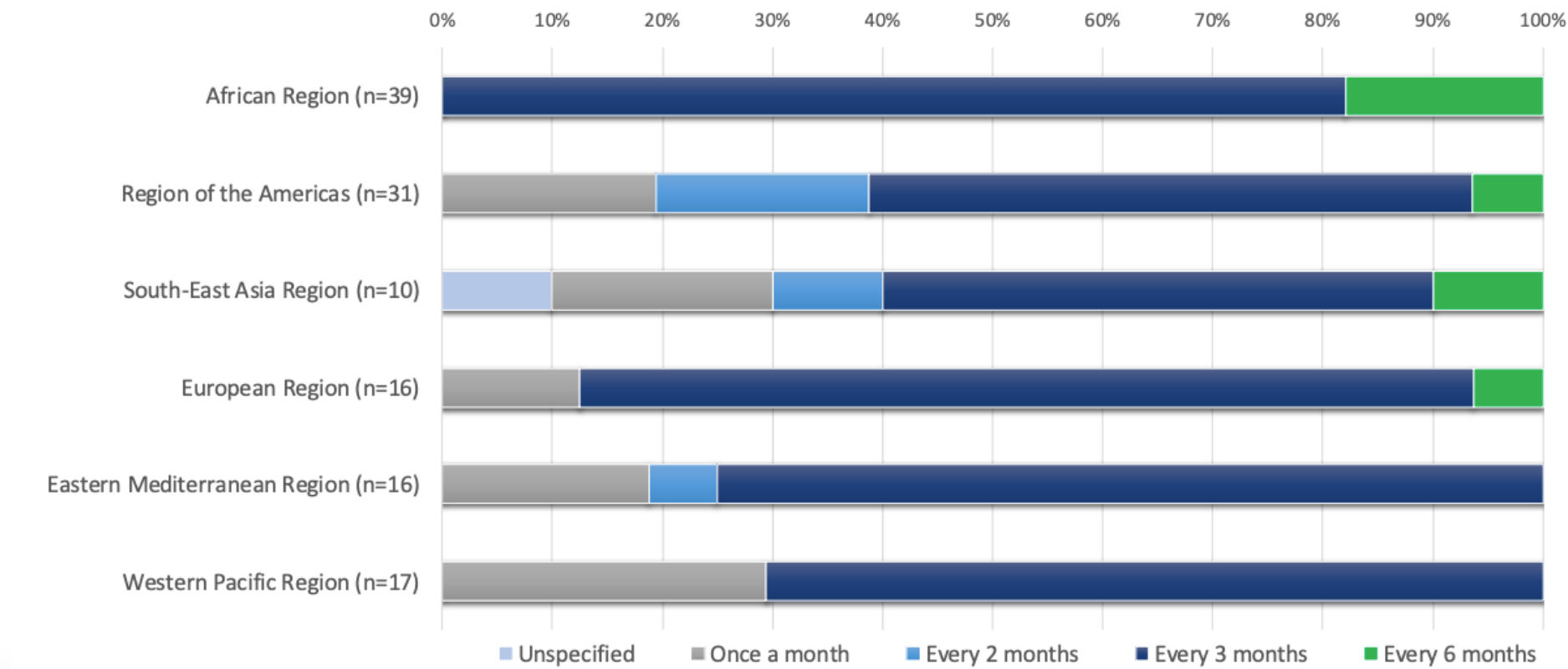
Clinically stable adults, children, adolescents and pregnant and breastfeeding women as well as members of key populations (people who inject drugs, sex workers, men who have sex with men, transgender people and people living in prisons and closed settings) can benefit from simplified antiretroviral therapy delivery models which include multi-month prescriptions and dispensing (3-6 month supply) which will reduce the frequency of visits to clinical settings and ensures continuity of treatment during possible disruption of movements during the coronavirus outbreak. Similar consideration should be given to providing people who are clinically stable on methadone or buprenorphine substitution therapy with an increased possibility for take-home medications to reduce additional burden on the health sector.

<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>



1. Extending duration of ART refills and prescriptions

Countries with multi-month dispensing (MMD) policy per WHO region (n=129)
Preliminary results compiled from a survey conducted by WHO between April and June 2020



In South Africa, ART prescriptions extended to 12-months (South Africa) until April 2021



STANDARD OPERATING PROCEDURE

TITLE		CCMDD OPERATIONS DURING COVID-19	
INSTITUTION		NATIONAL DEPARTMENT OF HEALTH	
REFERENCE NUMBER		CCMDD SOP 24	EFFECTIVE DATE
			MARCH 2020
PURPOSE			
Outline the process to be followed by all stakeholders with regard to CCMDD operations during the COVID-19 pandemic			
Renewal of prescriptions			
10	a.) Patients that visit the facility for a clinical visit and/or to get their prescription renewed, should be re-scripted, with up to 12 dispenses and decanted to an external PuP of their choice. Do not wait for viral load results. If viral load results are adverse, recall the patient, as necessary. b.) Prescribers need to indicate the duration for which the prescriptions should be dispensed, up to 12 months, for all eligible patients provided that: <ul style="list-style-type: none"> The prescription is created on or after 30 April 2020 and on or before 30 October 2020 		Authorised prescriber/ Health facility

2. Increase out-of-facility/ community options

Recommended* in country policy guidance
(HIV service delivery during COVID-19) in:

- | | |
|----------------|---------------|
| -Cote d'Ivoire | -Mozambique |
| -Eswatini | -South Africa |
| -Ethiopia | -South Sudan |
| -India | -Tanzania |
| -Kenya | -Uganda |
| -Lesotho | -Zimbabwe |

Recommend **expanding either the number of models or number of clients accessing treatment in these models. In most cases, builds off existing policy support.*

DSD for HIV treatment – four models

Health care worker-managed groups



Clients receive their ART refills in a group and either a professional or a lay health care staff member manages this group. The groups meet within and/or outside of health care facilities.

Client-managed groups



Clients receive their ART refills in a group but this group is managed and run by clients themselves. Generally, client-managed groups meet outside of health care facilities.

Facility-based individual models



ART refill visits are separated from clinical consultations. When clients have an ART refill visit, they bypass any clinical staff or adherence support and proceed directly to receive their medication.

Out-of-facility individual models



ART refills and, in some cases, clinical consultations are provided to individuals outside of health care facilities.



Community Adherence Groups

with physical distancing

Client-managed groups



Community drug pick-up points

- CBOs
- Lockers/automated dispensing



Drop in centers



Private pharmacies



Mobile clinics



Home delivery

- Peers
- Courier (including bicycle)
- Healthcare workers

Out-of-facility individual models
("decentralized drug distribution")



Client-managed groups

Out-of-facility individual models (“decentralized drug distribution”)

- Community-based delivery
- Peers
- Courier (including bicycle)
- Healthcare workers

Community pharmacies

Mobile clinics

3. Integrate with other health services

- DSD is client centered, and therefore delivery must take into consideration other needs
- Critical during COVID-19 where those with comorbidities are at increased risk of serious disease (e.g. diabetes, hypertension, TB etc.)
 - For example, ensure alignment of refills



Eswatini - Community Adherence Groups to collect ART, TB, NCD, Family Planning and PrEP for those who live close by, TPT, CTX and fluconazole refills to align with ART



India – TPT refills extended to 3MMD, commodity distribution to “high risk”



Uganda and Zimbabwe – TPT refills aligned with ART, follow-up with phone monitoring

Figure 1. A description of the proposed transition from an HIV-focused “DSD 1.0” to a patient-centered “DSD 2.0.” DSD 2.0 is inclusive of additional chronic care services for people living with HIV, such as tuberculosis, family planning, non-communicable diseases and others.

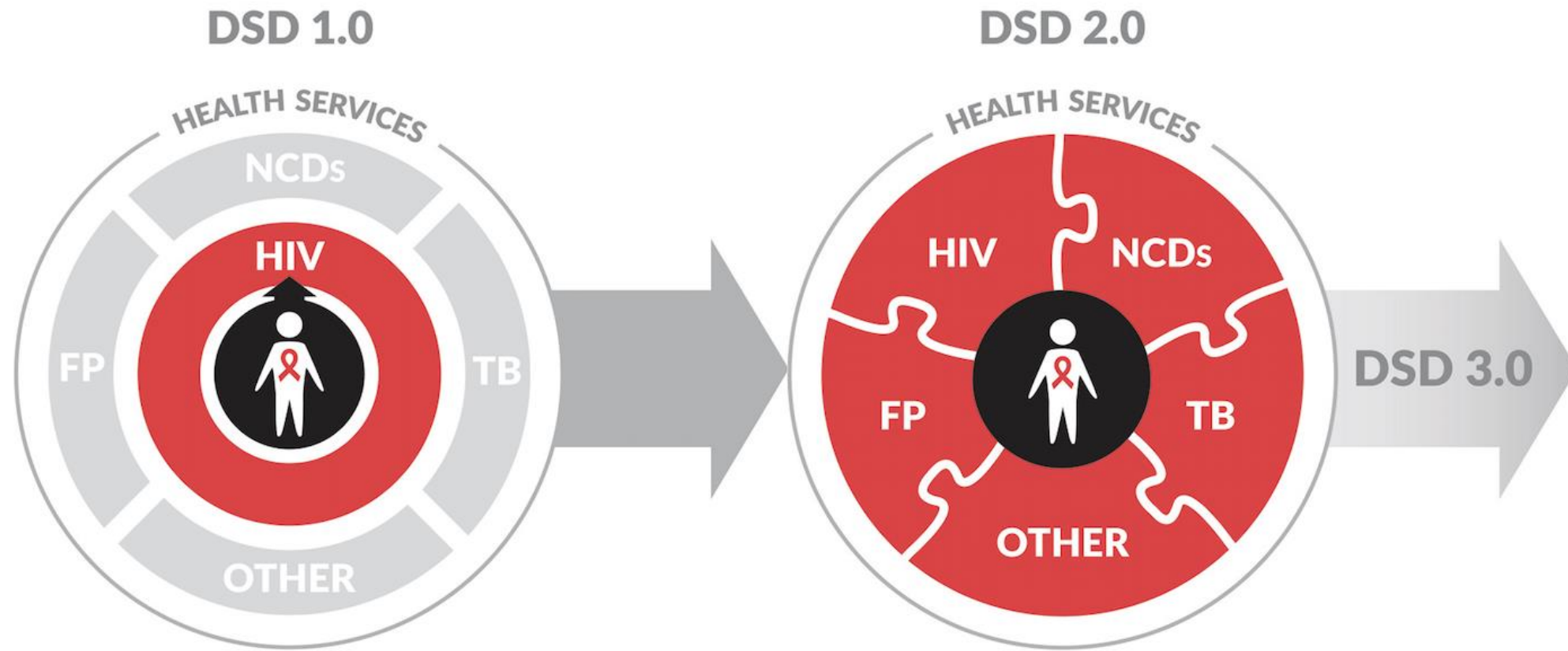
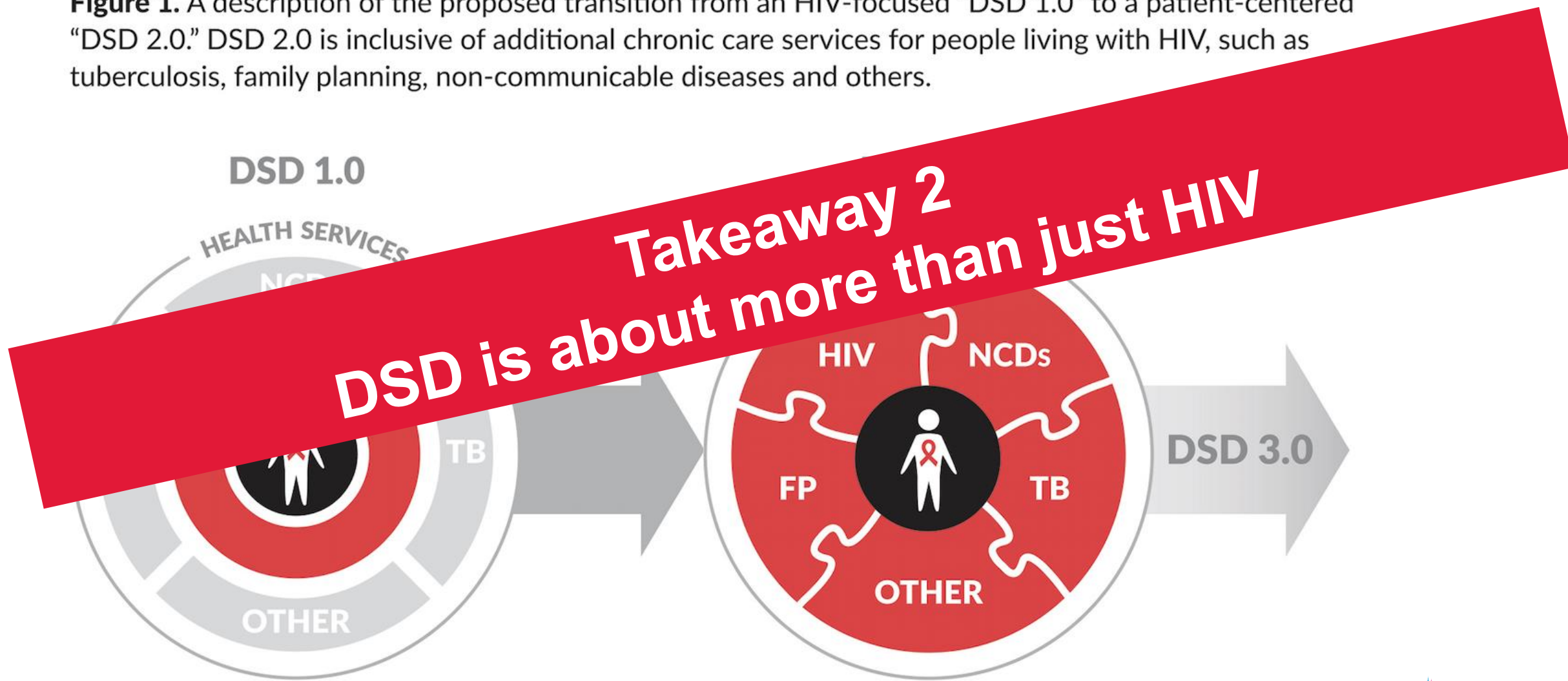
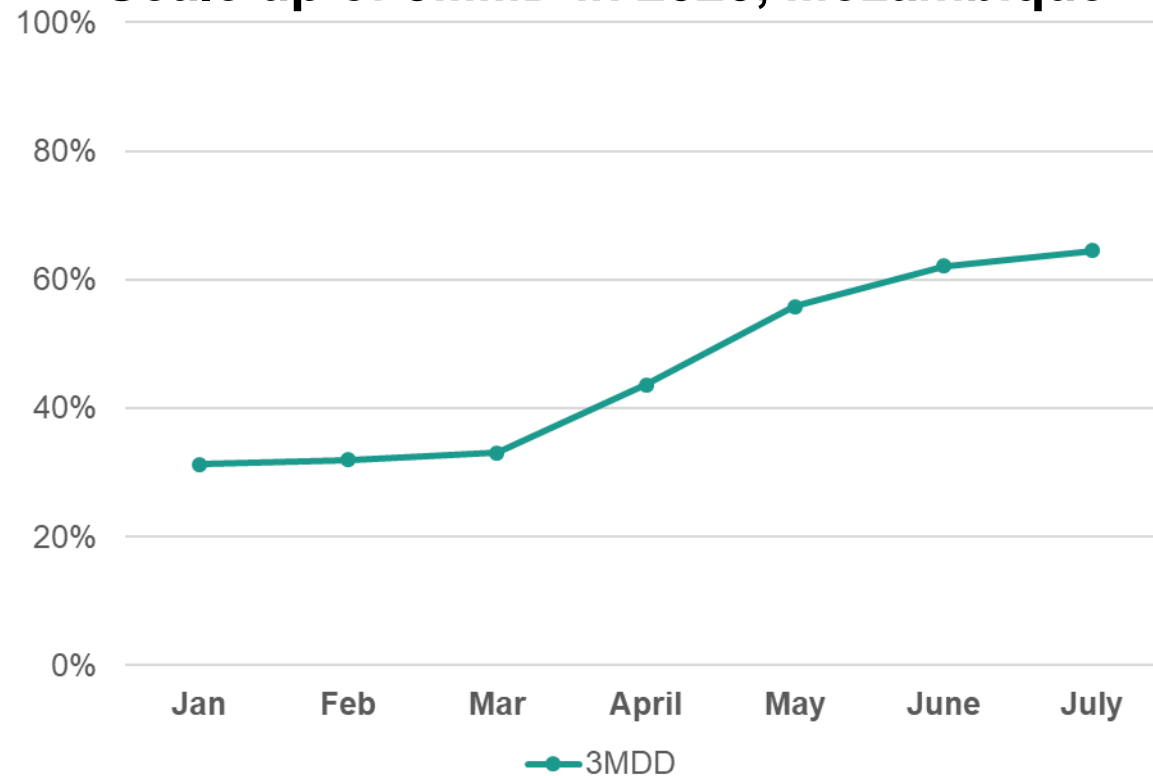


Figure 1. A description of the proposed transition from an HIV-focused “DSD 1.0” to a patient-centered “DSD 2.0.” DSD 2.0 is inclusive of additional chronic care services for people living with HIV, such as tuberculosis, family planning, non-communicable diseases and others.



4. Scaling (or nudging) of DSD implementation

Scale up of 3MMD in 2020, Mozambique



Community ART refill scale-up, Tanzania



5. Expanding eligibility for DSD

Specific populations

- Children and adolescents
- Pregnant and breastfeeding women
- Older adults
- Those with co-morbidities

Ethiopia Children, PBFW, second line, unstable all 3MMD

Activities to be Undertaken-Facility level

Strengthen existing DSD model and implement new DSD models

- Provide 6 Months' Multi-month Dispensing (6MMD) for all eligible stable patients for Appointment spacing model as per GL.
- Provide 3 Months Multi-month Dispensing (3MMD) for
 - PMTCT,
 - Pediatrics,
 - Newly identified HIV + clients,
 - Clients on second line ART
 - Those unstable clients with HVL and on EAC that doesn't seek admission
- Provide fast track ART refill model (FTAR) and community adherence groups (CAG) model for eligible patients.
- Considering family based refill in which those with other co-morbidities and age above 60 years can delegate other to collect the ARV on their behave.
- Flexible service delivery model and client centered services like early morning, weekends, and lunch time to reduce congestion at facilities
- Spacing of waiting seats and clinics

Clinical criteria

- From ART initiation
- People with advanced HIV disease

Zambia 6MMD for newly initiating PLHIV on TLD



Multi-Month Dispensation - MMD

National guidance given regarding MMD to reduce facility congestion

- Clients failing treatment and receiving enhanced adherence counseling (EAC) are provided with 3-month supply of ARVs and EAC has continued on phone
- Clients with other co-morbidities such as DM, TB, etc. are provided with 3 to 6 MMD of ART and clinicians are being consulted regarding the co-morbid conditions
- All Stable clients eligible for 6 MMD were recalled & supplied 6 Mo of ARVs
- All PLHIV initiating ART are put on TLD (or TAFED) and given 6 MMD
- All stable RoC's are receiving 6 MMD of ART
- Children aged 2-10 years are receiving at least 3 MMD of ART with appropriate adherence counselling of caregivers
- Adolescents 10 – 19 years are receiving at least 6 MMD with appropriate adherence counseling

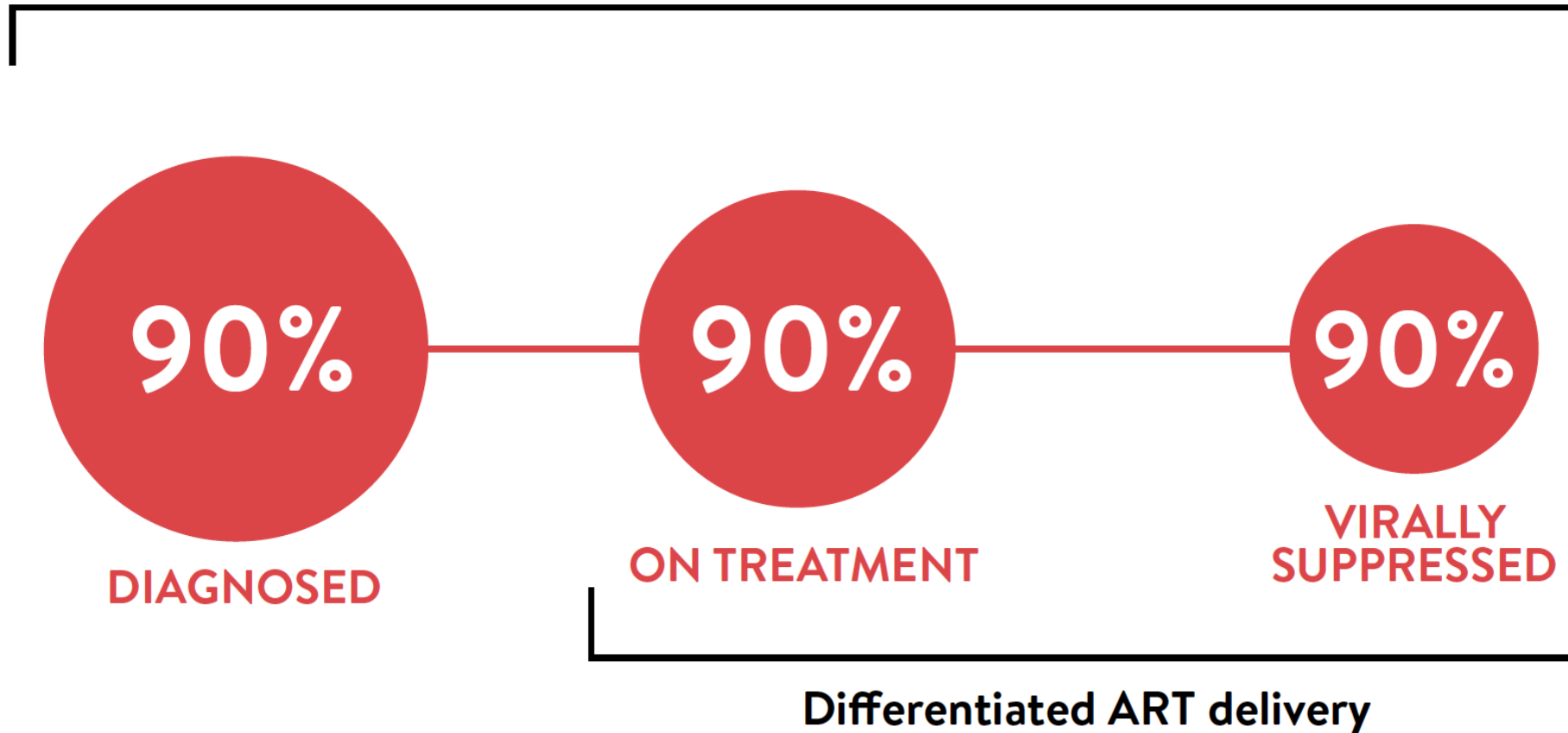
DSD BEYOND ANTIRETROVIRAL THERAPY



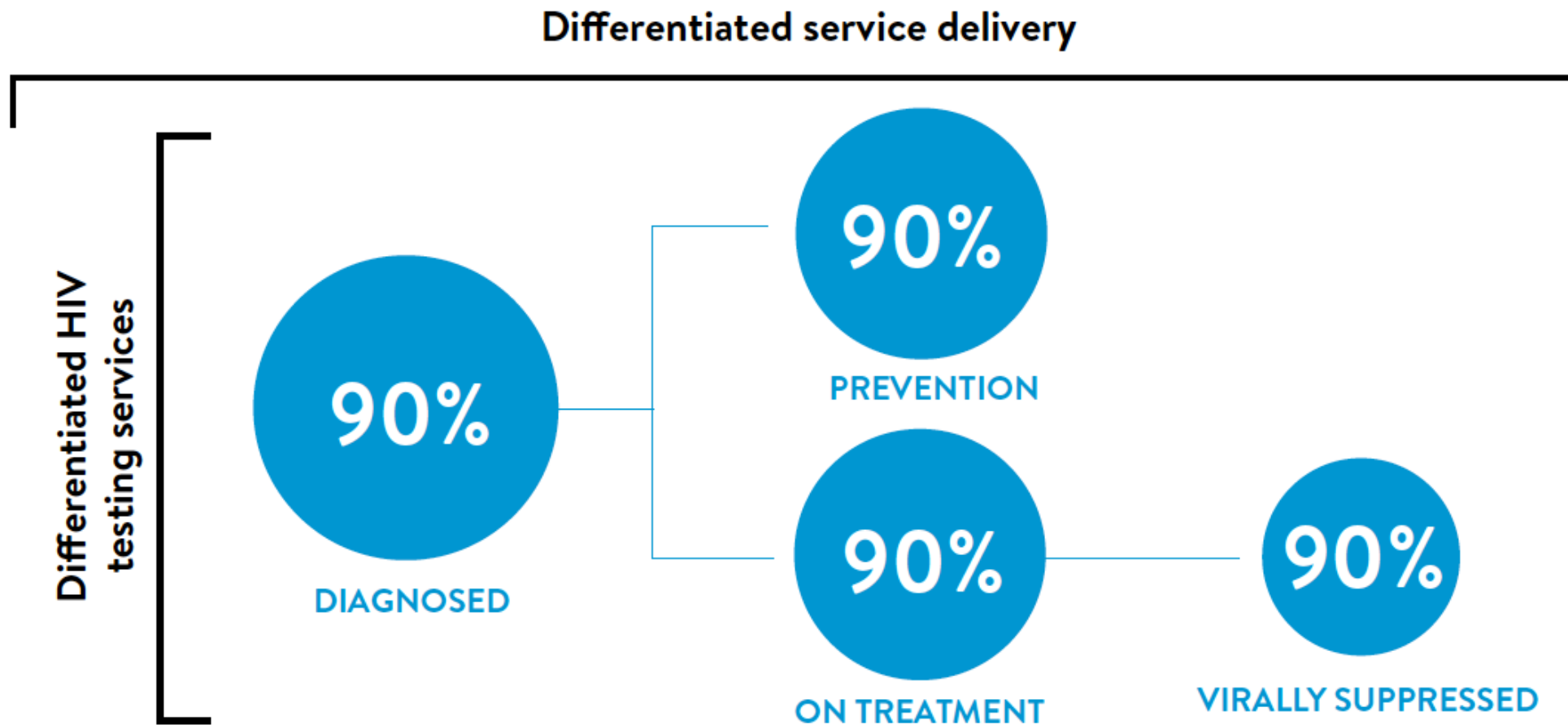
**DIFFERENTIATED
SERVICE DELIVERY**

DSD applies across the HIV continuum

Differentiated service delivery



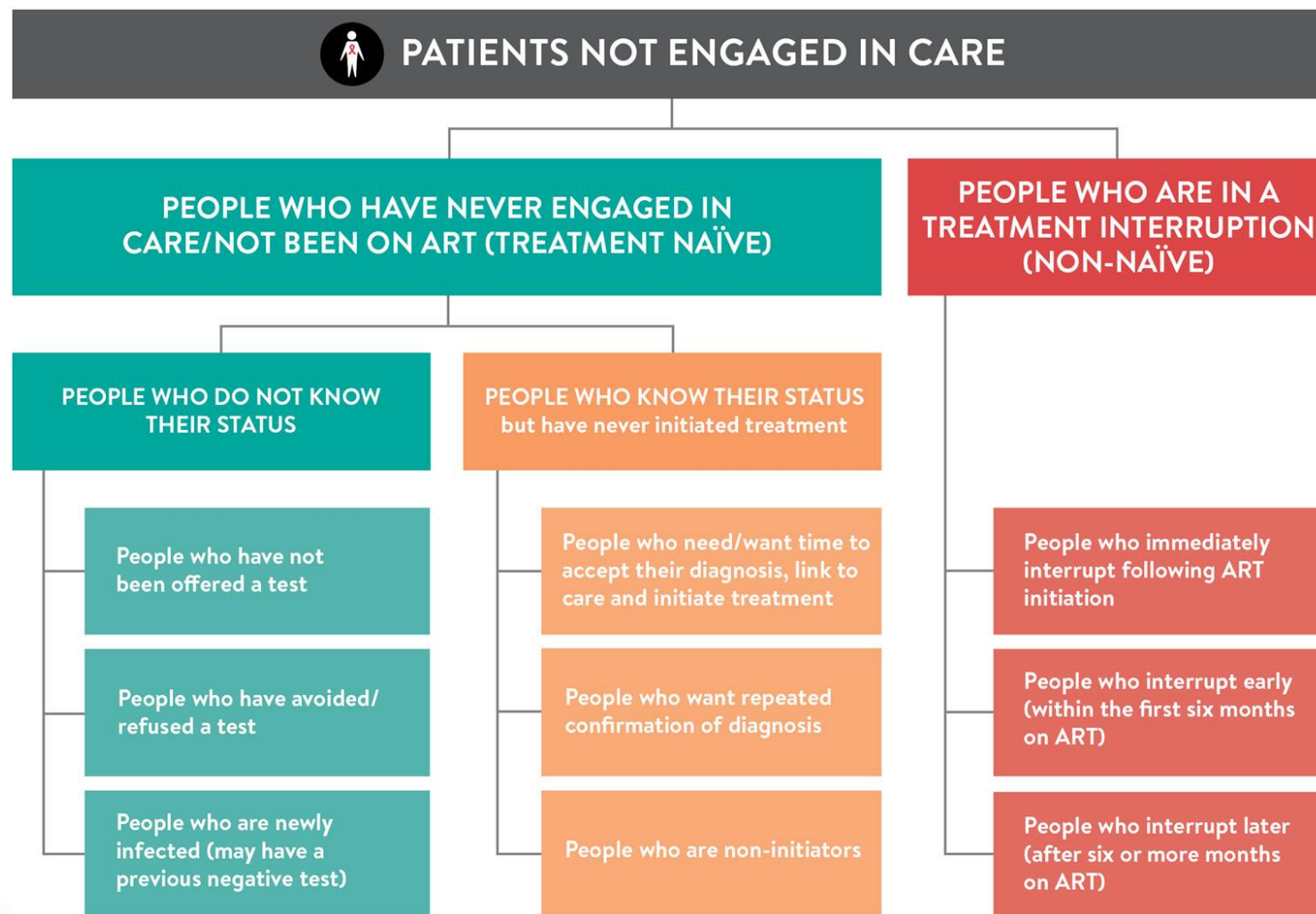
DSD applies across the HIV continuum, including for prevention



Differentiate HIV testing

- ✓ Ensure clients coming to health facilities continue to be offered HIV testing
 - Focus on those attending ANC/TB/STI services
 - Offer HIVST to take home to reduce time at the facility, especially for retesting and index partner testing with telephonic follow-up
- ✓ Increase access to HIV testing options *outside* of health facilities
 - Increase availability of HIVST with telephonic follow-up and outreach support for those screening positive
 - Ensure access to community HIV testing points (within walking distance from home) with appropriate IPC controls in place

Differentiate for people living with HIV not on ART

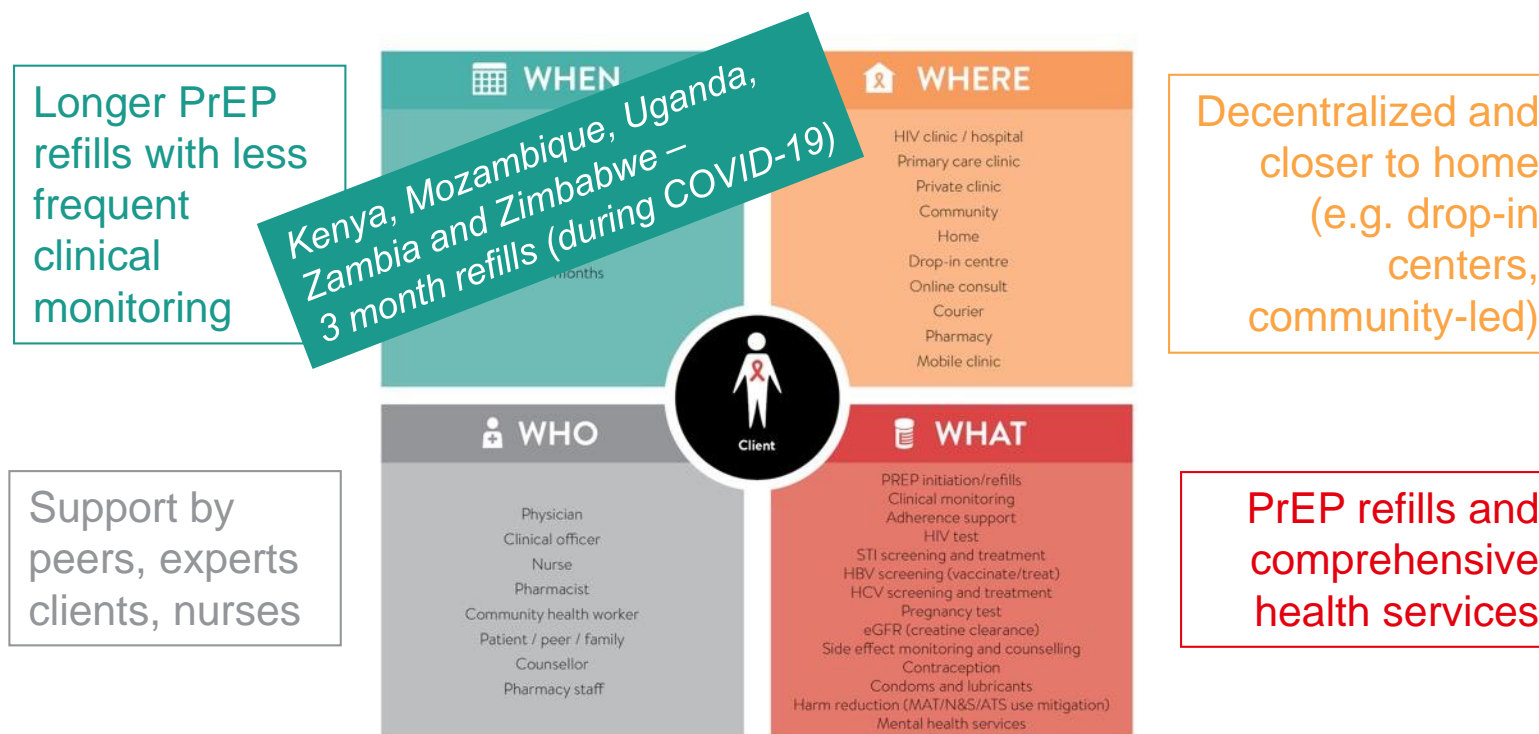


✓ Informing them about the importance of taking ART to strengthen their immune system is now more critical than ever

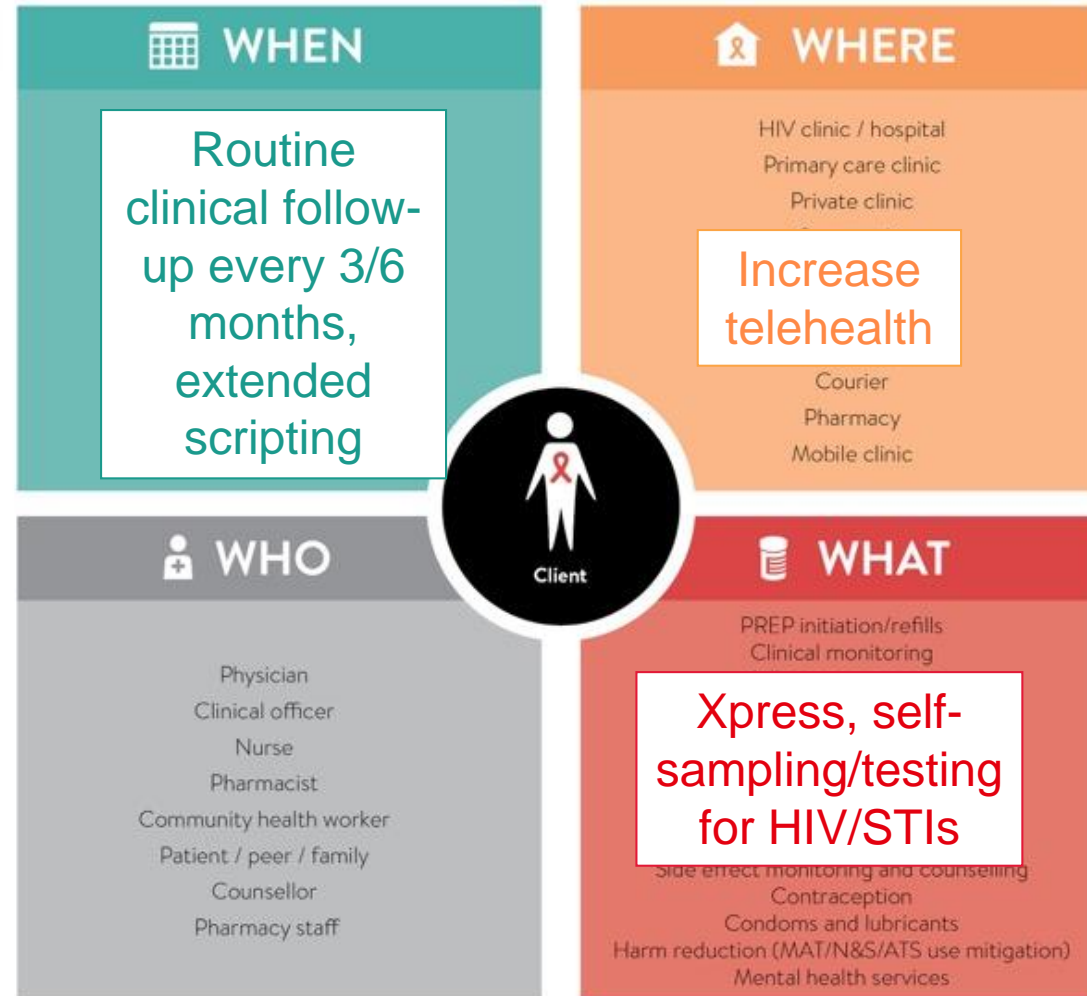
✓ **PLHIV without COVID-19 symptoms should be started on ART on the day of diagnosis, preferably on a DTG-regimen, at the location of the diagnosis and provided a 3-month supply at initiation**

Differentiate PrEP delivery

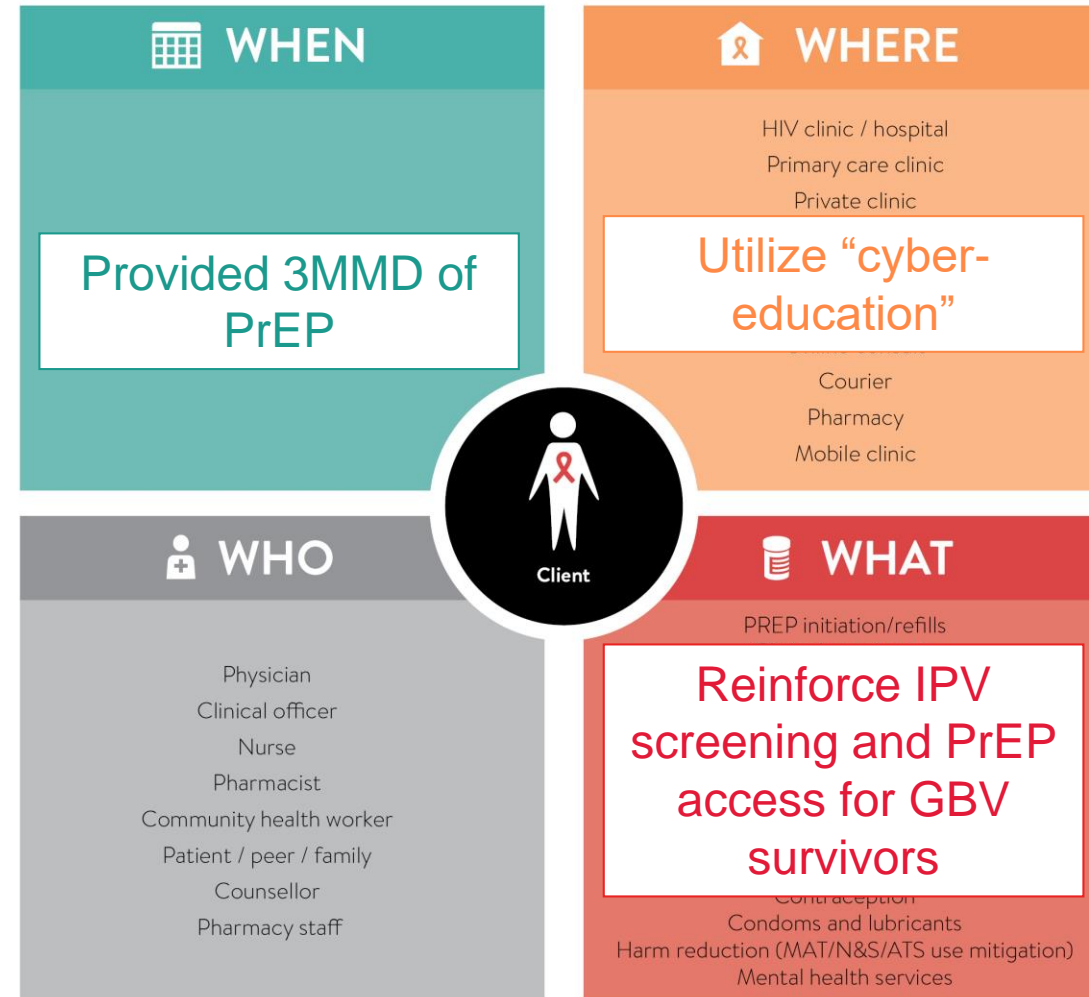
Building blocks for differentiated PrEP



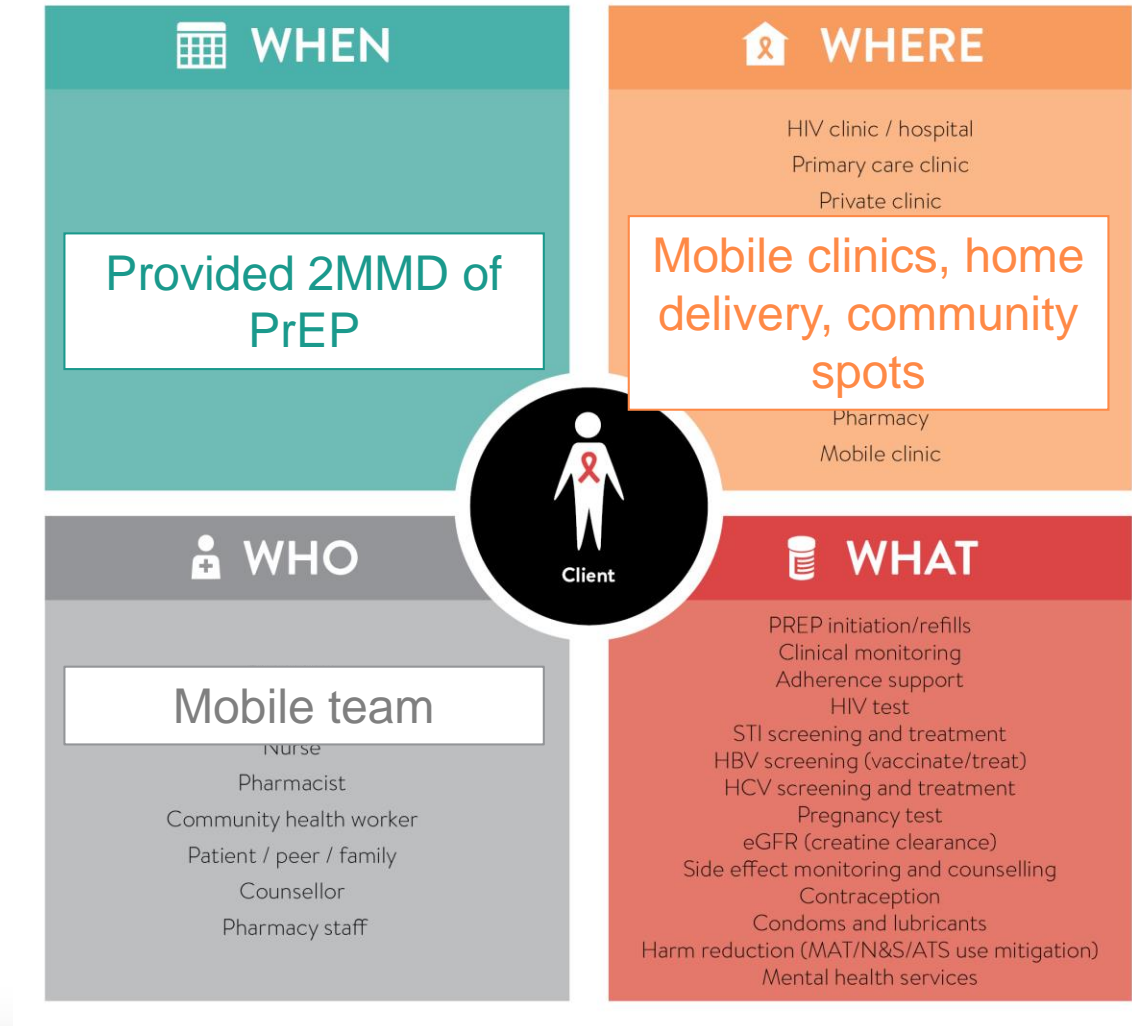
IHRI - Princess PrEP, Thailand



PSI – PrEP For female sex workers, Ethiopia



Wits RHI – Project PrEP, South Africa



Takeaway 3

“In the rush to return to normal, use this time to consider which parts of normal are worth rushing back to.”

www.differentiatedservicedelivery.org



Share your work - contact us at dsd@iasociety.org