Service delivery

Pre-conference session
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 (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.

DSD

SCALE UP BEFORE COVID-19
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

1. Allocative efficiency
2. Implementation quality & efficiency
3. Resilient & sustainable systems for health
4. Equity & removing human rights barriers
5. Sustainability

Global Fund HIV Information Note

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

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
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

Across the HIV care cascade
• To include HIV testing, linkage and ART initiation
BEFORE COVID-19

Expansion of DSD (2)

• Integration of additional services

Scale up TB preventive therapy (TPT)  
Strengthen family planning care

http://differentiatedservicedelivery.org/Guidance/DSD-decision_frameworks
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
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
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
- Enabling services to be community-based, including distribution of ART refills
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 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.


<table>
<thead>
<tr>
<th>6.7 Frequency of visits</th>
<th>Less frequent clinical visits (3–6 months) are recommended for people stable on ART (strong recommendation, moderate-quality evidence).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less frequent medication pickups (3-6 months) are recommended for people stable on ART (strong recommendation, low-quality evidence).</td>
</tr>
</tbody>
</table>

- **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

1. Extending duration of ART refills and prescriptions

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

- African Region (n=39)
- Region of the Americas (n=31)
- South-East Asia Region (n=10)
- European Region (n=16)
- Eastern Mediterranean Region (n=16)
- Western Pacific Region (n=17)

Source: Disruption in HIV, Hepatitis and STI services due to COVID-19, WHO, 8 July 2020
In South Africa, ART prescriptions extended to 12-months (South Africa) until April 2021

<table>
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<tr>
<th>Title</th>
<th>CCMDD OPERATIONS DURING COVID-19</th>
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<tr>
<td>Institution</td>
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<td>Reference Number</td>
<td>CCMDD SOP 24</td>
</tr>
<tr>
<td>Effective Date</td>
<td>MARCH 2020</td>
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**Purpose**
Outline the process to be followed by all stakeholders with regard to CCMDD operations during the COVID-19 pandemic.

**Renewal of prescriptions**

- 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.
- Prescribers need to indicate the duration for which the prescriptions should be dispensed, up to 12 months, for all eligible patients provided that:
  - 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
- Eswatini
- Ethiopia
- India
- Kenya
- Lesotho
- Mozambique
- South Africa
- South Sudan
- Tanzania
- Uganda
- 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.
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**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”)

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Takeaway 1

DSD for HIV treatment is more than just longer ART refills – need to support community-based and community-led delivery of services

Client-managed groups

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

Takeaway 2

DSD is about more than just HIV

Ehrenkranz et al, "Expanding the vision for differentiated service delivery: a call for more inclusive and truly patient-centered care for people living with HIV”, JAIDS, under review
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

Clinical criteria
- From ART initiation
- People with advanced HIV disease

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

Zambia 6MMD for newly initiating PLHIV on TLD

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
  - Provide 3 Months Multi-month Dispensing (3MMD) for
    - PMTCT,
    - Polorates,
    - Newly identified HIV + clients,
  - Provide other clients with HIV 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 at which those with other co-morbidities and age above 60 years can delegate other to collect the ART on their behalf
  - 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

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
DSD applies across the HIV continuum

Differentiated service delivery

90% DIAGNOSED
90% ON TREATMENT
90% VIRALLY SUPPRESSED

Differentiated ART delivery
DSD applies across the HIV continuum, including for prevention

Differentiated service delivery

90% DIAGNOSED

90% PREVENTION

90% ON TREATMENT

90% VIRALLY SUPPRESSED
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

Grimsrud et al, Understanding engagement in HIV programmes: How health services can adapt to ensure no one is left behind. Current HIV/AIDS reports, 2020.

- 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

**Longer PrEP refills with less frequent clinical monitoring**

Kenya, Mozambique, Uganda, Zambia and Zimbabwe – 3 month refills (during COVID-19)

**Support by peers, experts, clients, nurses**

**Decentralized and closer to home (e.g. drop-in centers, community-led)**

**PrEP refills and comprehensive health services**
IHRI - Princess PrEP, Thailand

**WHEN**
Routine clinical follow-up every 3/6 months, extended scripting

**WHERE**
- HIV clinic / hospital
- Primary care clinic
- Private clinic

**WHO**
- Physician
- Clinical officer
- Nurse
- Pharmacist
- Community health worker
- Patient / peer / family
- Counsellor
- Pharmacy staff

**WHAT**
- PrEP initiation/refills
- Clinical monitoring
- Xpress, self-sampling/testing for HIV/STIs

Increase telehealth
- Courier
- Pharmacy
- Mobile clinic

Bringing PrEP closer to home: Why diversifying service models matters, AIDS 2020: Virtual satellite
PSI – PrEP For female sex workers, Ethiopia

**WHEN**
- Provided 3MMD of PrEP

**WHERE**
- HIV clinic / hospital
- Primary care clinic
- Private clinic
- Utilize “cyber-education”
  - Courier
  - Pharmacy
  - Mobile clinic

**WHO**
- Physician
- Clinical officer
- Nurse
- Pharmacist
- Community health worker
- Patient / peer / family
- Counsellor
- Pharmacy staff

**WHAT**
- Reinforce IPV screening and PrEP access for GBV survivors
  - Condoms and lubricants
  - Harm reduction (MAT/N&S/ATS use mitigation)
  - Mental health services
Wits RHI – Project PrEP, South Africa

Provided 2MMD of PrEP

Mobile clinics, home delivery, community spots

Mobile team
- Nurse
- Pharmacist
- Community health worker
- Patient / peer / family
- Counsellor
- Pharmacy staff

PREP initiation/refills
- Clinical monitoring
- Adherence support
- HIV test
- STI screening and treatment
- HBV screening (vaccinate/treat)
- HCV screening and treatment
- Pregnancy test
- eGFR (creatinine clearance)
- Side effect monitoring and counselling
- Contraception
- Condoms and lubricants
- Harm reduction (MATTRNS & ATS use mitigation)
- Mental health services
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

It's time to deliver differently

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