

# **DSD guidance for HTN**

## **Resolve to Save Live DSD Toolkits**

# Overview of RTSL

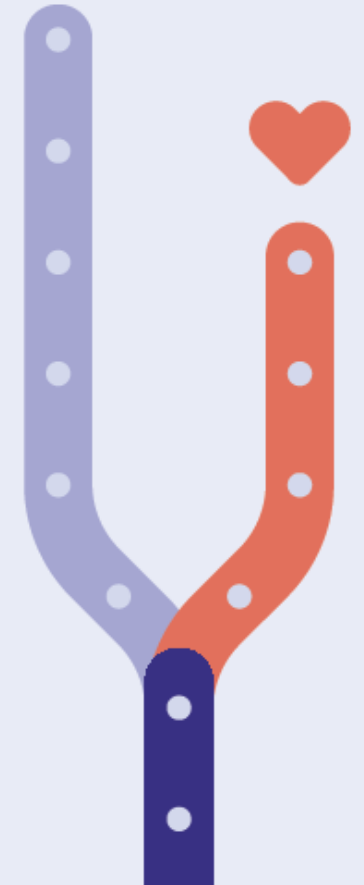
- Saving 100 million lives from CVD over the next 30 years by focusing on three proven high-impact interventions– Global iTFA elimination, reduction of dietary sodium intake, and large-scale hypertension treatment/control programs
- Increase global control of blood pressure from 14% to 50%
- > 17 million patients enrolled in hypertension treatment programs across 31 countries, BP control  $\approx$  46%
- HIV-HTN integration pilots in Uganda, India, Nigeria, and Kenya

# Structure of the guidance

- Coordination and Governance
- Resource and needs assessment
- Criteria for clients' eligibility for DSD
- Building blocks of DSD for NCD
- DSD models for NCDs
- Additional resources in toolkit– M&E tools and Training materials for DSD for NCD

## INTEGRATING HYPERTENSION AND HIV MANAGEMENT

A practical Differentiated  
Service Delivery toolkit



# Coordination and governance

Broad Technical Advisory Group/committee comprising key program stakeholders

- Ministry of Health Units/departments for HIV and NCD
- Technical experts for HIV and NCDs
- Pharmacy and supply chain experts for medication forecasting, supply and integration as applicable
- Monitoring and evaluation experts to develop indicators to track implementation and outcomes
- Health care workers involved in providing HIV and NCD services
- PLHIVs and PLNCDs

# RESOURCE AND NEEDS ASSESSMENT

## Identify DSD models

- Using all the information gathered, determine what current model may be adapted or which new DSD model is needed to address these challenges

## Define Key challenges

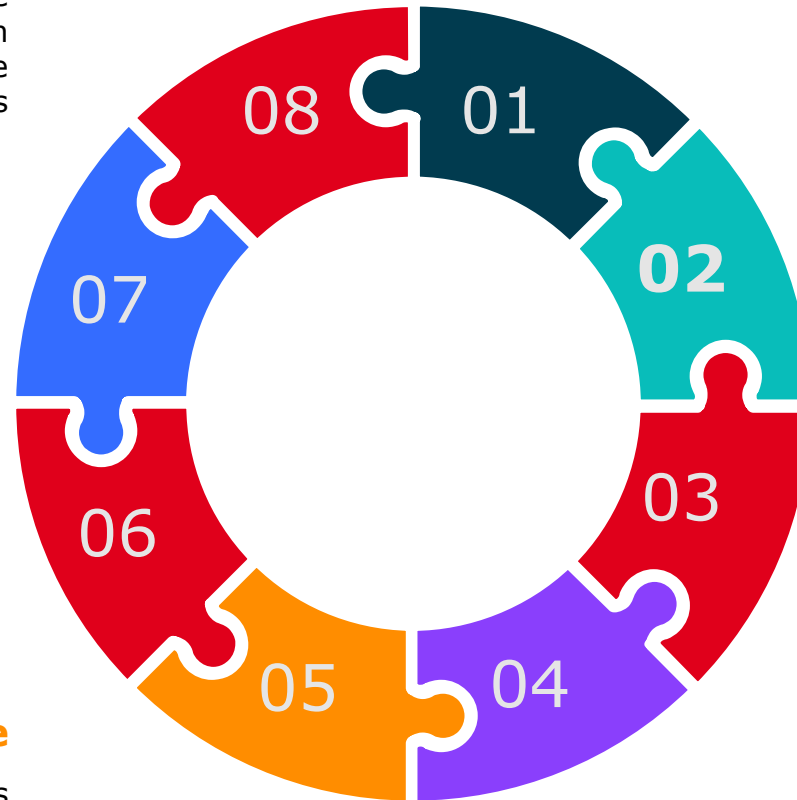
- Challenges for the healthcare system
  - Challenges for the clients
- External influences/threats such as stock-outs, outbreaks e.g covid-19

## Health worker perspective

- Current workload of health workers
- Would the introduction of DSD model for NCD services help to address some of the challenges being faced by the HCW?

## Gather client perspective

Client's perception of current NCD services  
How would the introduction of DSD for NCD services address some of the current challenges being faced by clients?



## Assess data

- Disease burden, current coverage for treatment, retention and control rates for NCDs, Number of clients eligible for a DSD model

## Assess policies

- Existing national policies for NCD management – guidance on where NCD services can be offered, frequency of clinical and medication refill visits, and which cadre of HCW can offer NCD services

## Assess current service delivery models

- Description of how NCD clinical and refill visits are currently provided using the building blocks
- Other existing DSD models for other health services - ART

## Assess medication supply

- Current supply chain, stock-outs, storage and inventory for NCD Medicines
- NCD medicines on the EML
- Quality assurance and cost of NCD medicines to patients.
- Forecasting to support multi-month refills of NCD medicines as part of DSD



# How are clients defined as established on treatment?

Criteria for established on treatment	HIV	HTN	T2DM
Control Target	At least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/ mm <sup>3</sup> or weight gain, absence of symptoms and concurrent infections).	BP < 140/90 mmHg measured on two occasions at least one month apart	HBA1c <8% or FPG ≤ 7.0 mmol/l on two occasions measured at least one month apart
Duration on current treatment regimen	Receiving ART for at least six months	At least three months on current regimen that has achieved control	At least three months on current regimen that has achieved control
Other co-morbidities	No current illness, which does not include well-controlled chronic health conditions	No other uncontrolled co-morbidities requiring more frequent clinical interventions	No other uncontrolled co-morbidities requiring more frequent clinical interventions
Adherence	Good understanding of lifelong adherence; adequate adherence counselling provided	Good understanding of lifelong adherence; adequate adherence counselling provided	Good understanding of lifelong adherence; adequate adherence counselling provided



# Building blocks for HTN/DM

	Hypertension diagnosis	Hypertension medication initiation	Hypertension medication titration	Medication refill
WHEN	At ART initiation/ re-initiation  Entry into DSD for ART  Clinical visits for ART	At ART initiation/ re-initiation  Entry into DSD for ART  Clinical visits for ART	Monthly visits until hypertension is controlled, then every 6 months	Same time as ART refill  Refill duration of BP medication and ART (ideally 90 days or longer) should be aligned
WHERE	Room where ART is provided	Room where ART is provided	Room or community location where ART is provided	Room or community location where ART is provided
WHO	HCW who provides ART*	HCW who provides ART*	HCW who provides ART*	HCW, lay person, or peer who provides ART refill
WHAT	Correct measurement of BP	Correct selection of initial BP medication according to protocol	Correct measurement of BP and titration of initial BP medication according to protocol	Hypertension and ART refills**



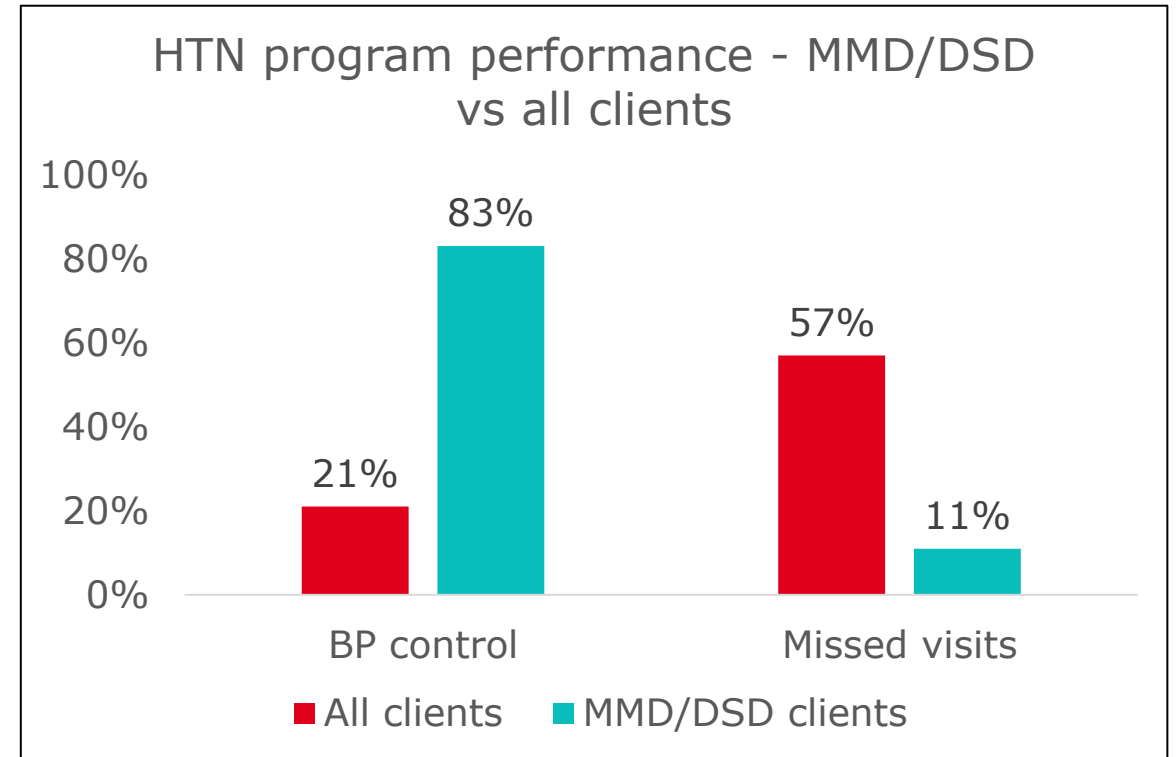
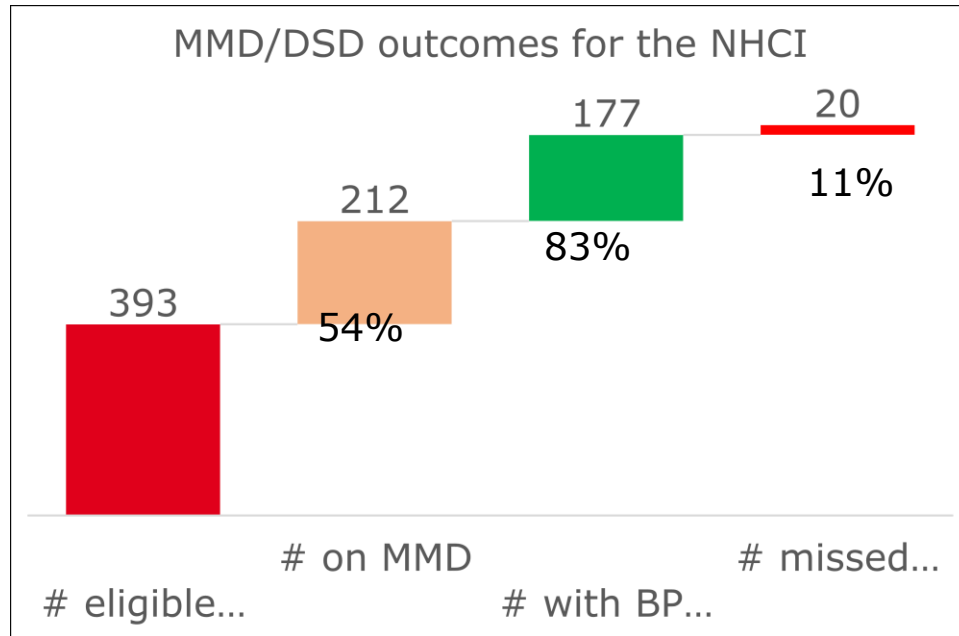
\*This could be a trained doctor, clinical officer or nurse, as permitted by local policy

\*\* Whether BP and HIV load are monitored during each clinical encounter may vary by country according to national guidelines

# IAS Which DSD models for established on treatment are included in the guideline?

<ul style="list-style-type: none"> <li>○ Facility group</li> </ul>	<ul style="list-style-type: none"> <li>○ Clients meet as a group at the health facility</li> <li>○ HCW or peer-led</li> <li>○ HCW or expert client reviews adherence, leads group discussion, and dispenses medications</li> <li>○ High-volume Urban settings</li> </ul>	<ul style="list-style-type: none"> <li>○ Facility Individual</li> </ul>	<ul style="list-style-type: none"> <li>○ Clients makes a rapid visit to the facility to pick up medications from a pick-up point in the facility (pharmacy)</li> <li>○ Implemented across all sites</li> </ul>
<ul style="list-style-type: none"> <li>○ Community group</li> </ul>	<ul style="list-style-type: none"> <li>○ Clients meet as a group in the community</li> <li>○ HCW or peer-led</li> <li>○ HCW or expert client reviews adherence, leads group discussion, and dispenses medications</li> <li>○ Rural settings where the distance to the clinic is a challenge</li> </ul>	<ul style="list-style-type: none"> <li>○ Community Individual</li> </ul>	<ul style="list-style-type: none"> <li>○ Clients collect medication refills at designated pick-up points in the community – outreach points, workplaces, community pharmacies, home delivery of medications</li> <li>○ Urban or rural settings</li> </ul>

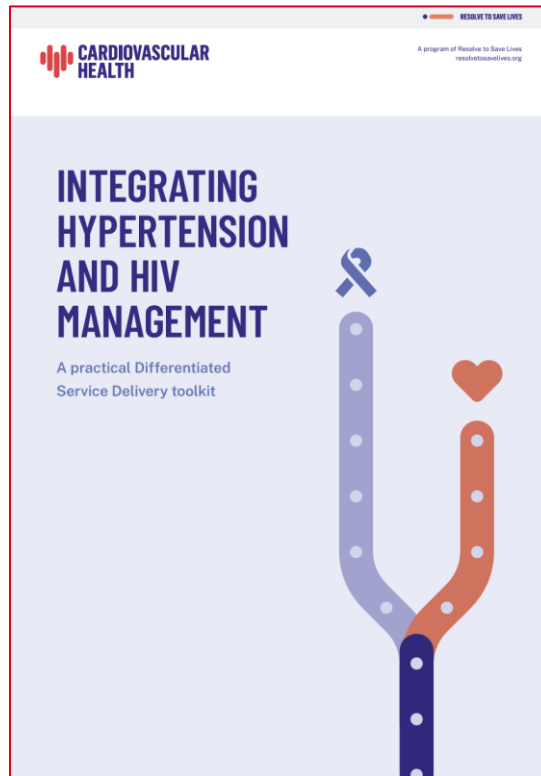
# IAS Implementation experience using the toolkit



- Pilot in 12 facilities in Nigeria
- Facility individual model for clients – MMD + BP checks
- Improved clinical outcomes vs clients not on MMD
- Challenges – medication costs for clients

# DSD GUIDANCE FOR HTN

- HIV and hypertension integration toolkit



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