



# DSD and NCDs: Making the Connection

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## ICAP at Columbia University

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- Global health center at Columbia University's Mailman School of Public Health
  - HQ in New York, 25 country offices
- We work to ensure the wellness of families and communities by strengthening health systems via:
  - Large-scale, evidence-based health service programs
  - Research
  - High-quality education and training programs
  - Surveys, measurement, and impact assessment
  - **Learning networks**

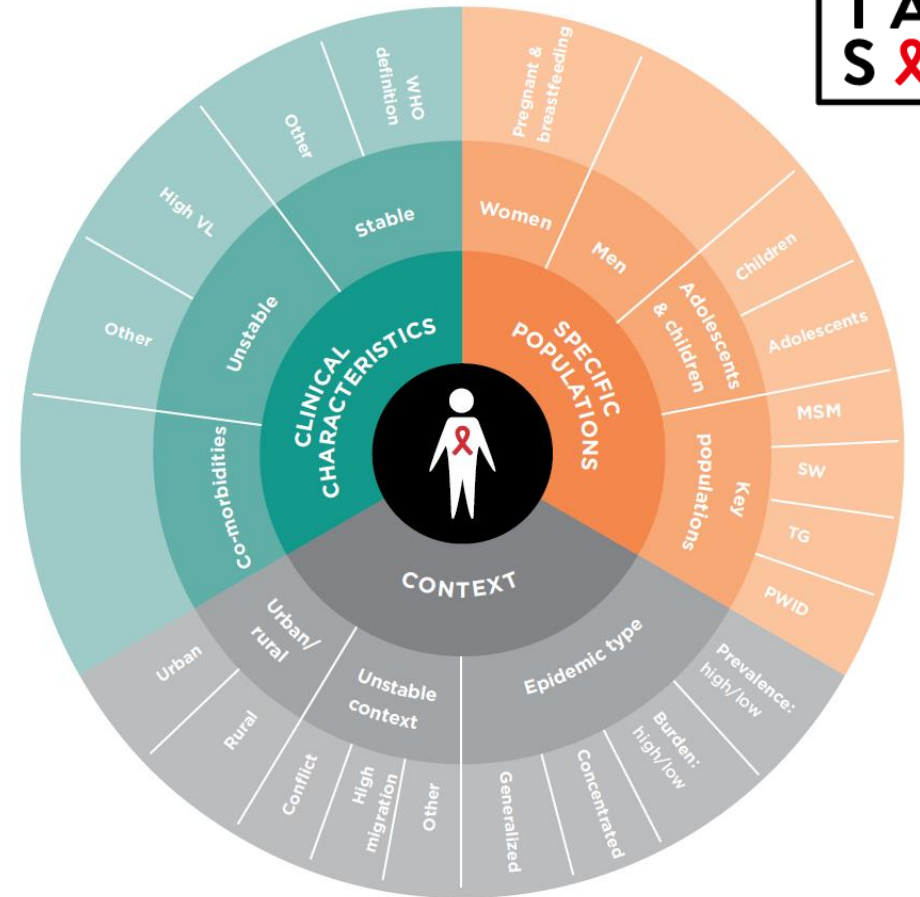
# The CQUIN Learning Network

- The HIV **Coverage, Quality and Impact Network** is a south-to-south learning network designed to advance differentiated service delivery to achieve HIV epidemic control
- Funded by the Bill & Melinda Gates Foundation
- Convened/led by ICAP at Columbia University
- Advisory Group inclusive of MOH, civil society, PEPFAR, CDC, USAID, WHO, Global Fund, UNAIDS, ITPC
- Supported by a Community Advocacy Network chaired by ITPC
- Focuses on the gap between policy and implementation



# What is Differentiated Service Delivery?

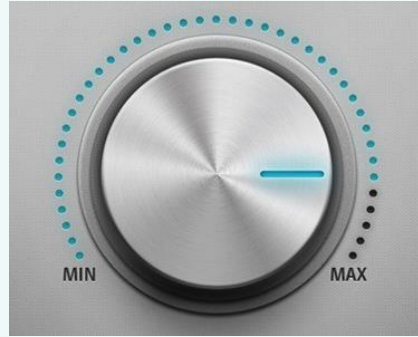
- An evolution of the public health strategy for HIV service delivery
- Recognizes the importance of streamlined evidence-based approaches to delivering services at scale, particularly in resource-limited settings
- Equally important, recognizes the need for tailored, client-centered services that reflect the preferences and expectations of diverse groups of people living with HIV – one size cannot fit all



# What is Differentiated Service Delivery – 2

DSD focuses on the “how” > the “what”

- Service location
- Service frequency
- Service provider
- Service intensity



- Differentiated testing
- Differentiated prevention
- Differentiated treatment

Key elements:

- Decentralizing service delivery
- Delinking medication dispensing from clinical visits
- Engaging recipients of care

Key enablers:

- Leadership (MOH & civil society)
- Evidence base
- Differentiated M&E
- Drug supply

# What is Differentiated Service Delivery – 3

Differentiated ART (DART) models:

- Facility vs. community based
- Group vs. individual models
- HCW vs. peer led

Include less-intensive models for people doing well on ART and more-intensive models for people needing closer follow up and/or specialized services (*e.g.*, people with AHD)

	Individual Models	Group Models
Facility-based	Fast Track ART Refills Appointment Spacing Multi-month Scripting Multi-month Dispensing	Facility-based clubs Facility-based teen clubs
Community-based	Community drug distribution Community ART initiation Mobile outreach Private pharmacies Pick-up points, lockers	Community ART Groups (CAGs) <ul style="list-style-type: none"><li>- Peer-led</li><li>- HCW-led</li></ul>

Examples of less-intensive DART models

## Why integrate NCD services into DSD models?

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- Prevalence of HTN and DM amongst people living with HIV
- Importance of person-centered care
- Improved uptake of both NCD and HIV services
- Enhanced retention/engagement over time
- Improved health outcomes

Less-intensive DSD models are designed for recipients of care who are doing well on ART, adherent to treatment, engaged in life-long care and empowered stewards of their own health ← optimal clients of integrated health services

# Seizing the Opportunity in 2021

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## PEPFAR COP21 Guidance (draft December 2020):

- “Within PEPFAR OUs, districts (SNUs) that have demonstrated at least 80% ART coverage of all PLHIV and, importantly, 90% retention of clients in continuous ART services, 80% viral load coverage and 90% viral load suppression among all clients, **may offer, as part of operational plan strategy, funding for more comprehensive services for PLHIV, such as diagnosis and treatment of hepatitis C, diabetes mellitus (DM) or hypertension (HTN).**”

## Global Fund:

- Framework for financing co-infections and co-morbidities of HIV, tuberculosis and malaria, including **cardiovascular diseases and diabetes**, using existing resources received from the Fund

Others ??

# What's Next in 2021?

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