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**DSD model transitions: Supporting the evolving  
care needs of people living with HIV**

# What does the evidence tell us about referrals and transitions between DSD models?



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# Conflict of interest

*I have no relevant financial relationships with ineligible companies to disclose.*

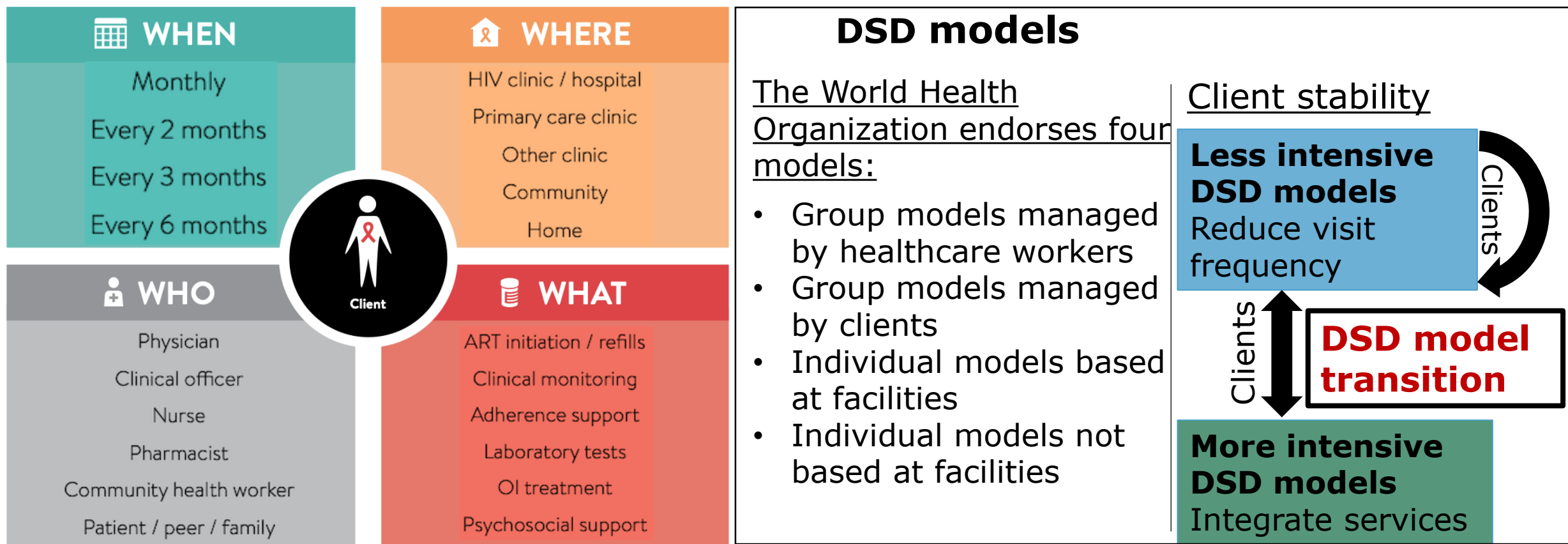


# Background



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Differentiated Service Delivery (DSD) is a client-centred approach

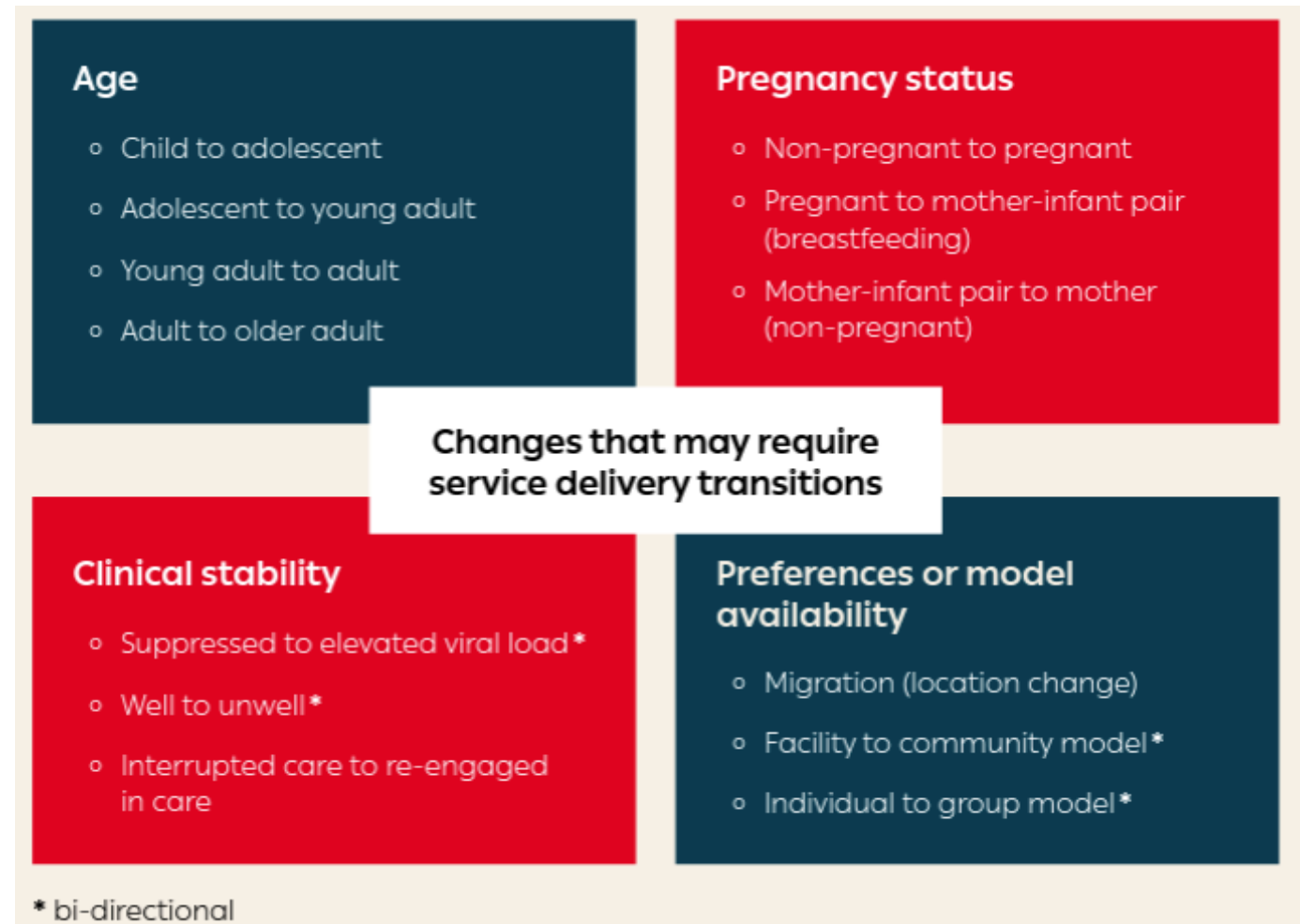


# Why are the DSD model's transitions important?



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- DSD models are expected to be client-centred
- Clients' needs and preferences change over time
- Ensuring effective transitions is important for treatment continuity and long-term retention and adherence
- Suboptimal transition may lead to poor client satisfaction and treatment interruption



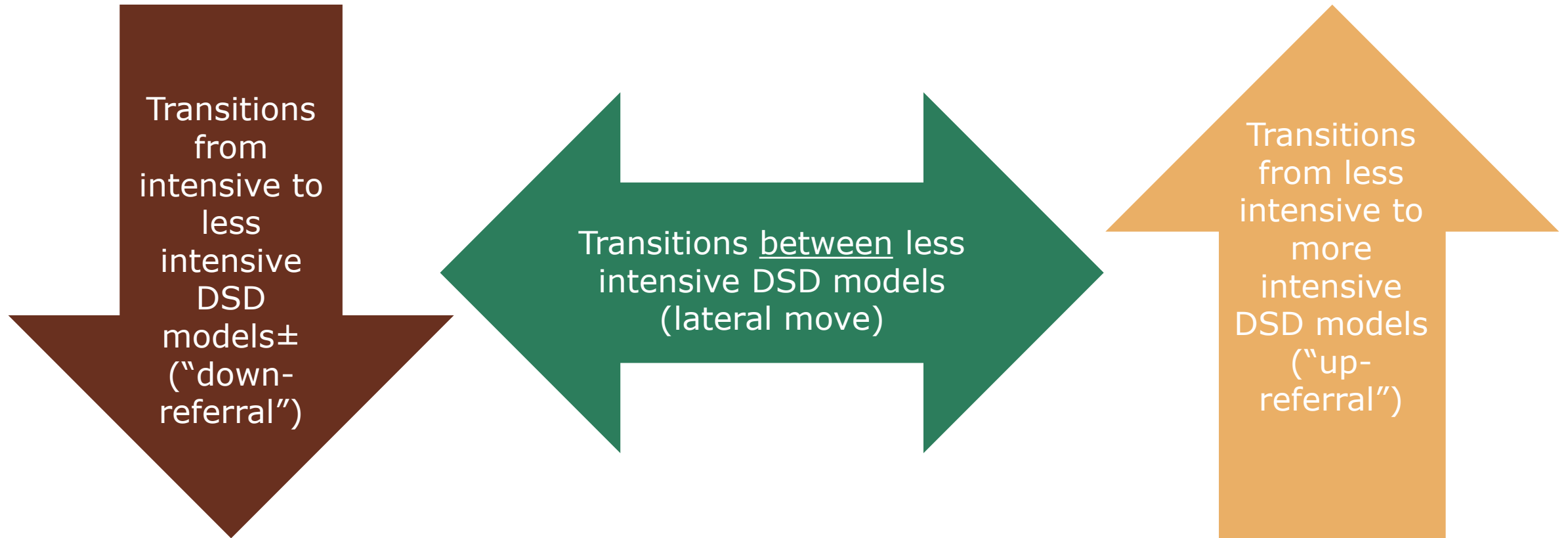
# What are the challenges with the transitions?

- The health system and clients may not be ready for the transition
- The health system challenges
  - Poor planning
  - Providers' illiteracy on DSD models
- Client challenges
  - May not understand/accept
  - May lose, or perceive to lose, a valued component of care
  - Risk of poor satisfaction, leading to treatment interruption and disengagement

# Types of service delivery transitions

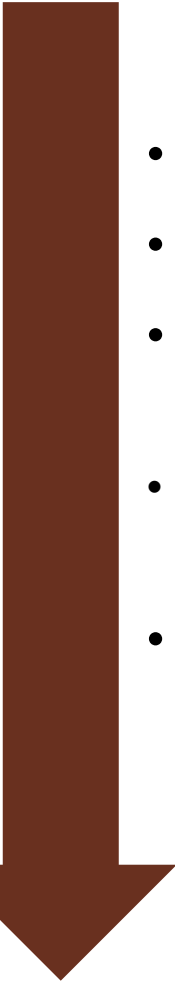


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±Includes first time and transition back following a period of increased intensity

# Evidence on “down-referral”

- 
- The most known and evidenced supported transition
  - Rigorous eligibility criteria
  - Socially advantageous:
    - Family-centred and adolescent models
  - Economically advantageous to the health systems and clients:
    - Fast track and multi-month dispensing of ARVs
  - Perspectives on re-engagement:
    - Flexibility for clinical consultations and drug refills
    - Removing health systems barriers that led to disengagement
    - *You'll hear from countries later on accelerated access to DSD for those re-engaging*





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# Evidence on “lateral moves”



- Voluntary moves have better outcomes
  - Importance of continuous assessment and transition discussion(Uganda example)
- Poor outcomes for adolescents when transitioning into models for adults
- The value of transition preparation for “compulsory transitions”
  - Group and progressive transitions (Eswatini example)
- Additional support is needed for transitions between facilities





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# Evidence on “up-referral”



- Commonly misunderstood as punishment
  - Poor communication around eligibility
  - Importance of treatment literacy, continuous assessment, and transition timeline discussion
- Enablers of a successful transition
  - Ensure that service delivery change has added value.
  - More frequent clinical support while retaining group support values
  - Continue to provide longer treatment refills and consider minimum necessary clinical and consul sessions (Mozambique example)

# Priority actions to facilitate DSD transition

- Minimize unnecessary transitions between DSD models to reduce disruption and complexity.
- Increase DSD literacy and service delivery-related communication among and between healthcare workers and clients.
- Identify and include approaches to enable effective DSD transitions in national DSD guidance.
- Identify DSD transitions that make the largest contributions to treatment interruptions, implement transition support strategies, and evaluate quality of implementation.



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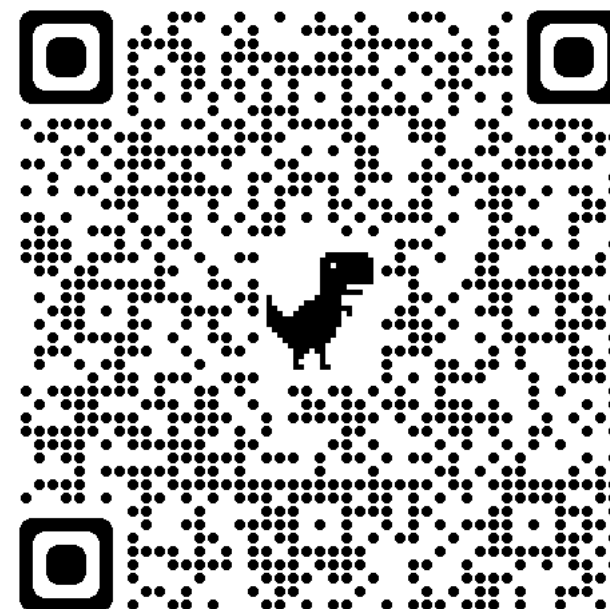
# Scan the QR code to download

Facilitating effective transitions between differentiated service delivery models for HIV treatment

*A supplement to A Decision Framework for antiretroviral therapy delivery*



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# Thank you

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