



Dr Thato Chidarikire, National Department of Health, South Africa
**DSD model transitions: Supporting the evolving
care needs of people living with HIV**

Country example II: Ensuring quality support to clients moving between DSD models in South Africa



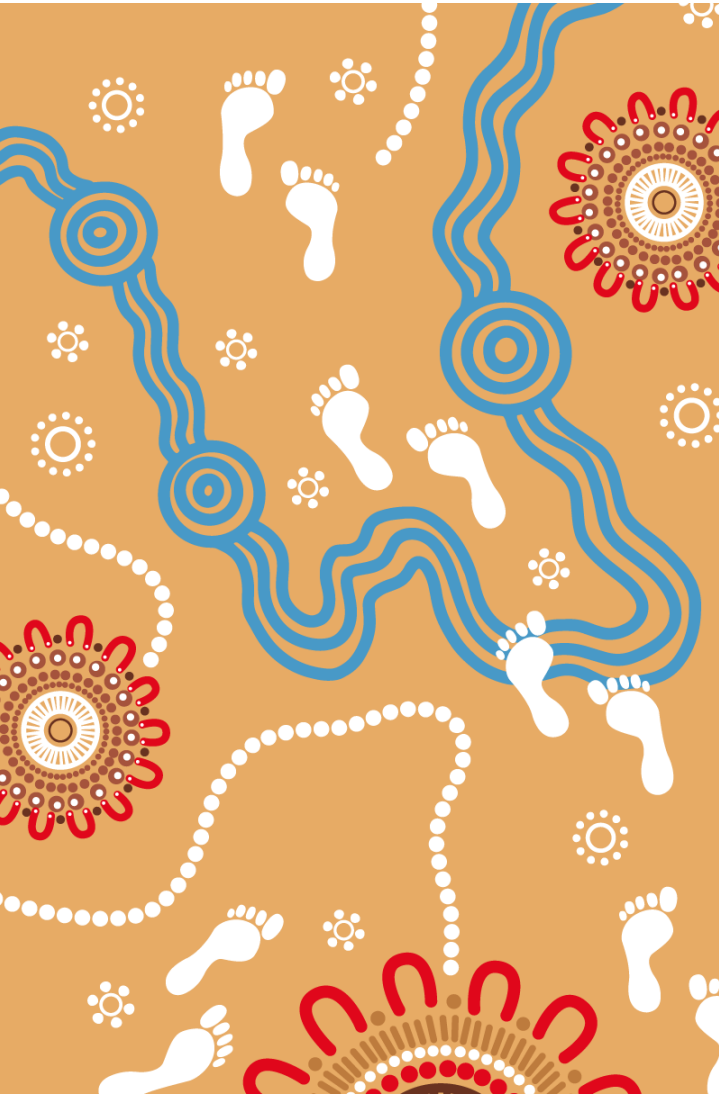
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Conflict of interest

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



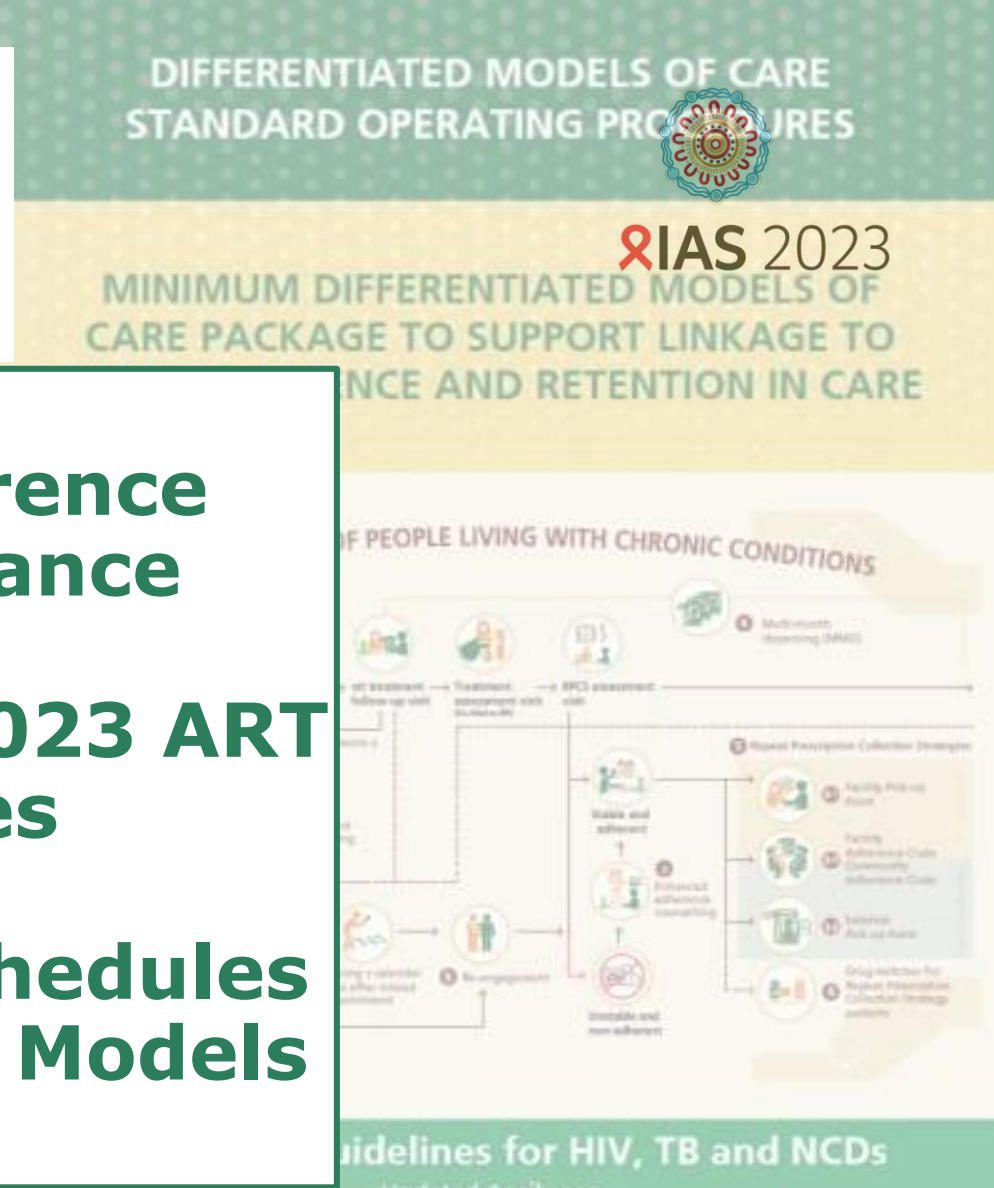


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Overview of DSD in South Africa

- **South Africa has over 7,9 million people living with HIV and 5,7 million on ART (hence a need to differentiate services)**
- South Africa adopted Differentiated Service Delivery (DSD) and contextualized to **Differentiated Model of Care (DMoC)**
- DMoC encompasses all the minimum package of interventions to support linkage to care, adherence to treatment and retention in care including
 - **More intensive service model – Clinician-managed facility-based care** (standard of care - SOC)
 - **Less intensive service models called Repeat Prescription Collection Strategies (RPCs)** - Facility Pick-up points, Adherence Clubs, External Pick-up points



South Africa's adherence & DSD related guidance

NOW included in the 2023 ART clinical guidelines

WITH detail in visit schedules and the Differentiated Models of Care SOPs

The **clinical** and **adherence** guidelines revision process was combined to ensure simultaneous consideration of both components of HIV care



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DMoC for stable clients in South Africa

Less intensive integrated DSD models for HIV, diabetes and hypertension

Repeat prescription collection strategies (*DMoC for stable clients*)

Facility pick-up up points (FAC-PuP)

- Fast **one-stop** refill pick-up on facility premises

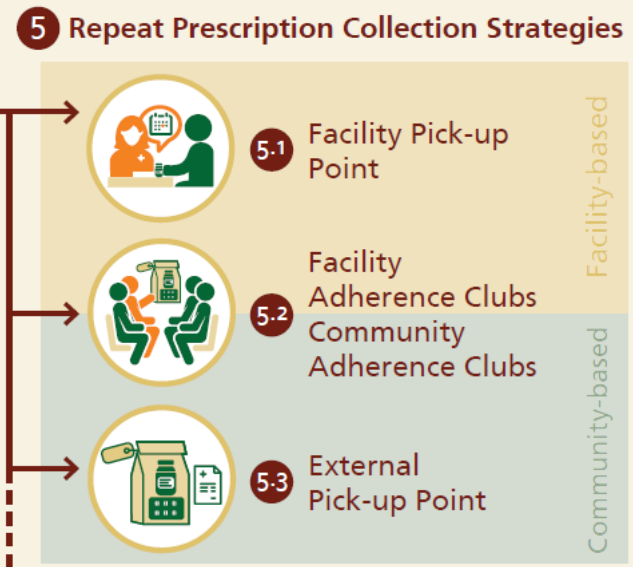
Adherence Clubs

- Facility- and community-based

External pick-up points (EX-PuP)

- Including from private pharmacies, lockers, community points, etc.

*All 3 RPCs models predominantly have scripts pre-dispensed and supplied by Central Chronic Medicines Dispensing and Distribution (CCMDD) **but** can also be done by facility or other CDU mechanism*



External pick-up point



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Example 1: Transitions from intensive to less intensive DMoC models (“down-referrals”) Mpumalanga & Eastern Cape Provinces DMoC Performance Reviews 2023: Appropriateness of RPCs enrolment

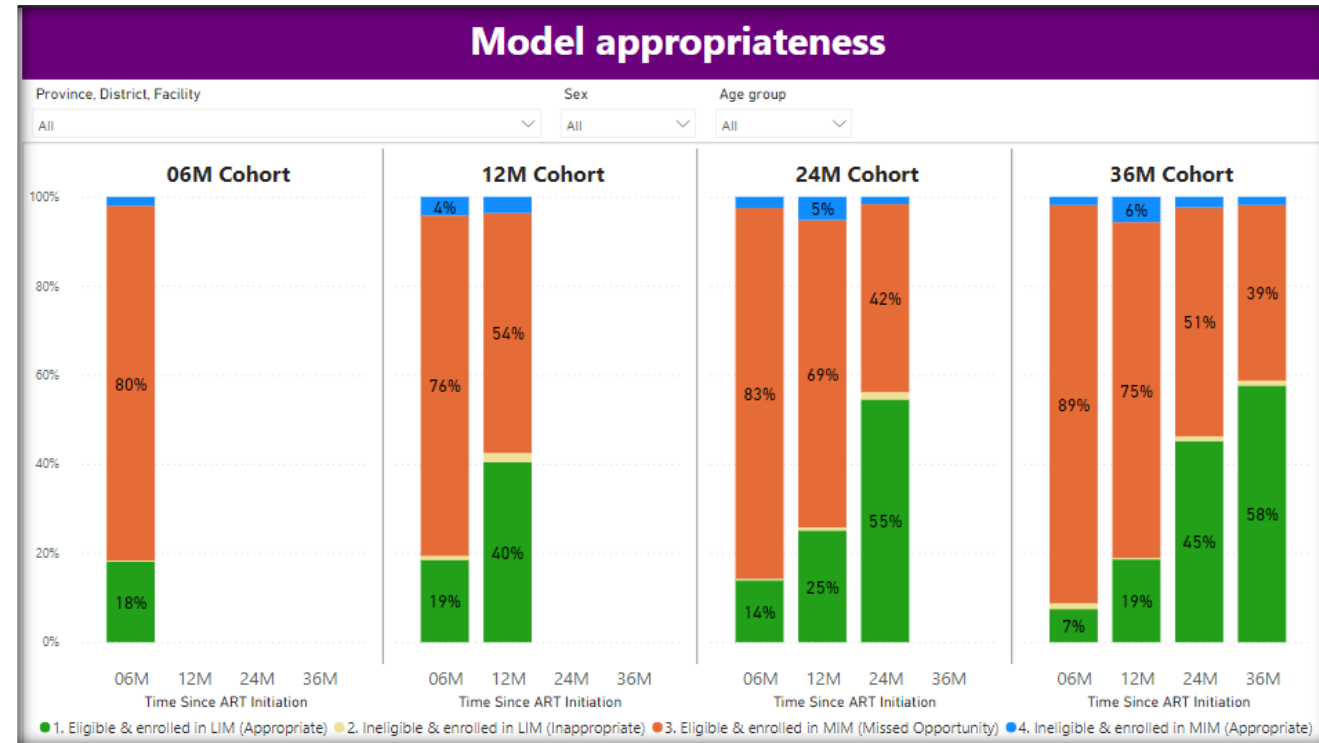
Description: Transition from intensive to less intensive DMoC models

Category: Down referrals

Population impacted: Children, Adolescents, Adults, Pregnant Women

Interruptions/Disengagement risks identified:

- Significant (50 -89%) missed opportunity for down-referral for stable clients eligible especially at 6- and 12-months cohort
- Increased health facilities congestion
- 2% unstable clients inappropriately transitioned into less intensive model possibly due to difficulties getting to facility





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Example 2: Transitions from less intensive to more intensive models (“up-referrals”) **Mpumalanga & Eastern Cape Provinces DMoC Performance Reviews 2023: Management of RPCs clients’ elevated viral load**

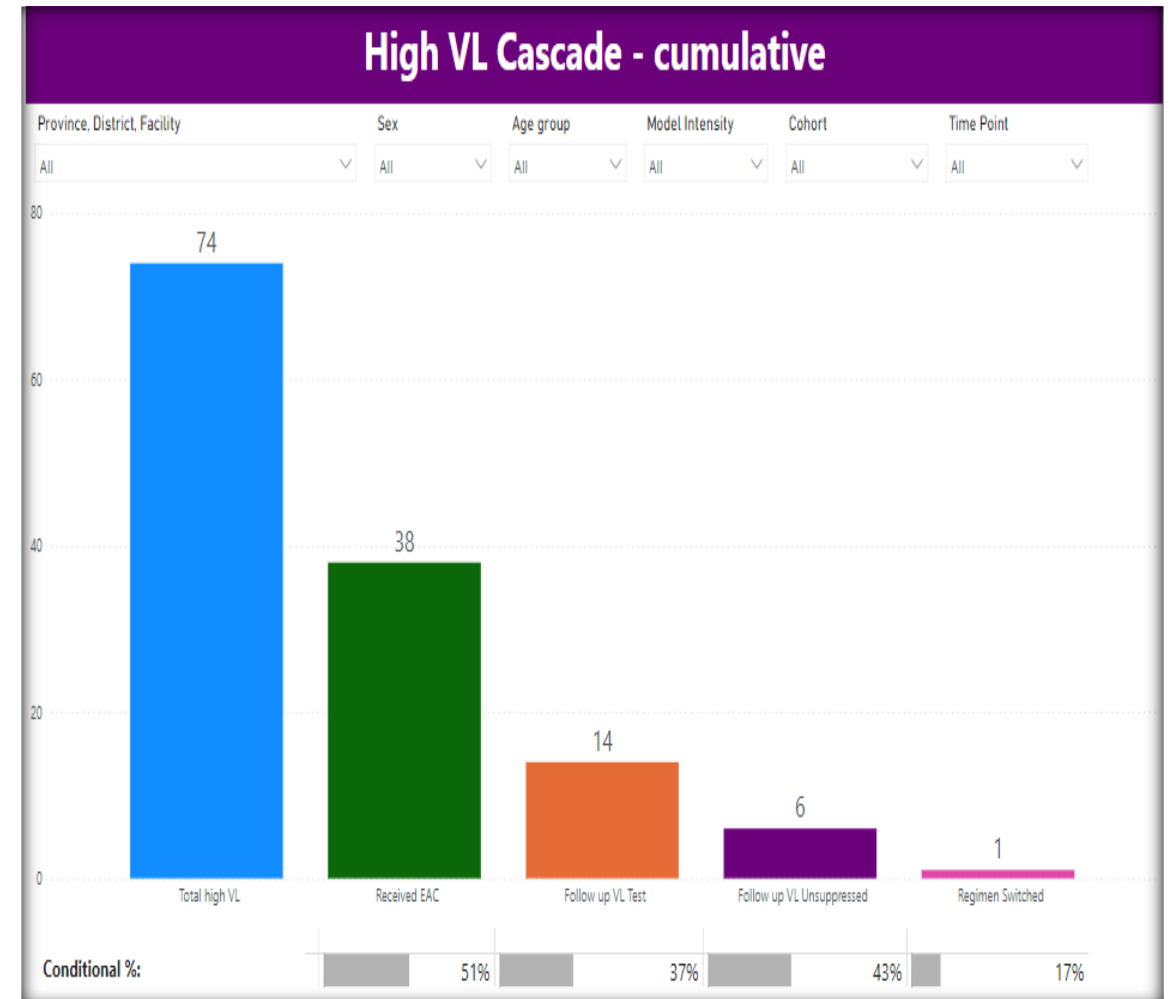
Description: Transition from less intensive to more intensive models

Category: Up referrals

Population impacted: Children, Adolescents, Adults, Pregnant Women

Interruptions/Disengagement risks identified:

- 49% missed opportunity to receive Enhanced Adherence Counseling (EAC).
- 65% didn’t receive repeat viral load test after 3 months.
- Missed opportunity for switching regimen.
- Clients deregistered from less intensive to more intensive model



Enablers to support transitions into less-intensive DSD models (down-referral) in 2023 updated South Africa guidelines

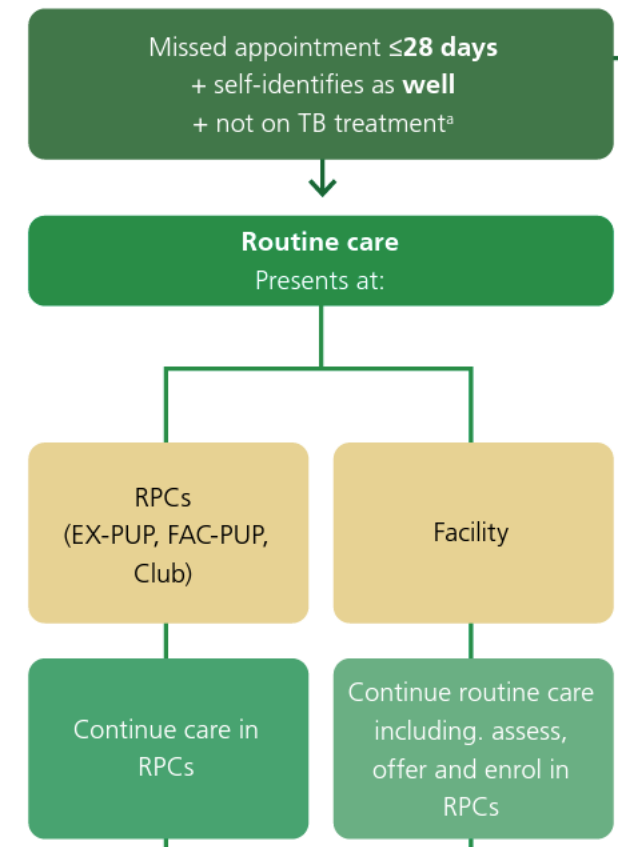
- Enhanced RPCs SOP detailing **information to be provided to client on eligibility criteria, model options, how RPCs models work and criteria for return to regular care**
- **Earlier eligibility assessment** for less intensive DMoC models aligned with VL schedule:
 - VL taken at M3 and result reviewed at M4 for RPCs enrolment
 - Follow-up VLs aligned with 6-12 monthly RPCs clinical reviews thereafter
 - Children under 5 years eligible for 3-monthly combined clinical reviews and refills
- **Increased focus on 5-18 years enrolment** into RPCs models
- Clients **<90 days late** for appointments can be considered for immediate **enrolment into RPCs models** (specific re-engagement algorithm included in clinical guidelines).

Enablers to support transitions between less-intensive DSD models in 2023 updated South Africa guidelines

- **Re-assess** RPCs model of choice at each annual clinical review (and document in client record)
- **Re-assess** contraception method choice when enrolling in RPCs model and choice of appropriate DSD model based on contraception method choice
- **Re-assess** mother's choice of RPCs model when:
 - infant under 5 years comes for clinical review 3-monthly to facility (facility pick-up or facility adherence club may be more appropriate), and
 - >5 years join same RPCs model as caregiver (all the same building blocks)

Reducing unnecessary transitions out of less intensive DSD models (up-referral) in 2023 updated South Africa guidelines

- Definition of “re-engaging” specifies those who are **28 days or less late** are not re-engaging and **can continue in RPCs model** (refills wait at RPCs location for collection)
- **Enabling TPT (12H) provision within RPCs model** - no additional clinical visits or refills
- **Enabling DTG drug switch within RPCs model** - no additional clinical visits or refills
- Once enrolled in RPCs model, **immediate rescript** for further 6-months (2 x 3MMD) at RPCs clinical review without review of VL result.
 - Minority of stable clients previously suppressed with an elevated VL **recalled**.



Enablers to support transitions out of less-intensive DSD models (up-referral) in 2023 updated South Africa guidelines

- Enhanced RPCs SOP specify the importance of **explaining benefits of up-referral** and when the client will be re-assessed for re-enrolment in RPCs model
- *Clients in RPCs models with elevated VLs or who have missed appointments >90 days* require up-referral to SOC
 - **this transition is eased for those clinically well by enabling the provision of 3-month refills** between clinical reviews until the follow-up VL is resuppressed.
- Pregnant women are up-referred for combined ANC/MCH care
 - **this transition is eased by visit alignment with EPI schedule utilizing** 2-monthly refills from birth, increasing to 3-monthly refills from 14 weeks post-partum and re-enrolment in RPCs model from 12 months post-partum (*6-months post-partum if not receiving integrated care*).



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Work going forward

- **Increase DSD literacy and service delivery-related communication** among and between healthcare workers and clients
- Optimize the implementation of the **3-monthly dispensing (3MMD) within RPCs AND for those not eligible between clinical reviews** at facility to reduce risk of treatment interruptions and client's dissatisfaction
- **DMoC for Quality Management – 100 Facility Prioritization in 17 High Burden Districts in 9 Provinces** - close 2nd and 3rd 95 1.8 million treatment gap, using “Operation Phuthuma” Nerve Centre Approach



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