

Differentiated service delivery for HIV treatment (DSD ART) and the new WHO service delivery guidelines in the context of the Covid-19 pandemic

Decentralized Drug Distribution (DDD) Learning Collaborative

August 19, 2021



Session 16: Learning Collaborative Agenda

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**Service Delivery and
Differentiated service
delivery for HIV treatment
recommendations**



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**KP-led DSD ART
maintenance services in
Thailand**



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**Progress in scaling up
DDD in EpiC supported
countries**



Nicholas Kisyeri

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**Eswatini's DSD ART models and
innovations in the context of
the Covid-19 pandemic**



Advocate Dlamini

National ART
Coordinator, ENAP, MOH

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Viewpoint from MOH



Wame Jallow

International Treatment
Preparedness Coalition (ITPC)

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Civil Society voice

- » Differentiated service delivery for HIV treatment has been accelerated in response to COVID-19
- » Further, COVID-19 has led to adaptations to DSD for HIV treatment

1. Expanding eligibility for DSD for HIV treatment

2. Extending multi-month dispensing (MMD) and reducing the frequency of clinical consultations

**Adaptations to DSD for HIV
treatment in response to COVID-19**

3. Emphasizing community-based models

4. Integrating/aligning with tuberculosis (TB) preventive therapy, non-communicable disease (NCD) treatments and family planning commodities

*NEW – National policy dashboards of DSD for HIV treatment



National policy dashboards of differentiated service delivery for HIV treatment

June 2021

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Dashboards on eligibility criteria

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Dashboards on community-based and group models

- Endorsement of group models of DSD for HIV treatment
- Endorsement of community models of DSD for HIV treatment

Available on: www.differentiatedservicedelivery.org
or directly at bit.ly/DSDdashboards



ELIGIBILITY FOR PREGNANT AND BREASTFEEDING WOMEN IN DSD FOR HIV TREATMENT

Version: 28 June 2021
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	Excluded	Not specified	Limited inclusion		
			Stable before this pregnancy	Postpartum	Pregnant
Angola					
Burkina Faso					
Burundi					
Cameroon					
Cote D'Ivoire					
DRC					
Eswatini*					
Ethiopia					
Ghana*					
Guinea*					
Haiti*					
India					
Kenya					
Laos					
Liberia					
Malawi					
Mozambique*					
Myanmar					
Namibia*					
Nepal					
Nigeria					
Papua New Guinea					
Rwanda					
Senegal					
Sierra Leone					
South Africa*					
South Sudan*					
Tanzania					
Togo					
Uganda*					
Zambia					
Zimbabwe*					

Key

- National policy
- COVID-19 policy adaptation
- Only alignment of MMD and ANC/PNC visits
- 3MMD only

References

Click on the ovals in the table to access the referenced policy.

Notes

Eswatini: 'Non-COVID' policy: allows breastfeeding women in clubs in certain circumstances

Ghana: 3MMD from 6M postpartum

Guinea: 3MMD from 1M before birth if VL<1000; special provision for women who give birth away from home if on ART from 1st/2nd trimester

Haiti: From 6M postpartum

Mozambique: From 9M postpartum if infant is HIV, from 6M postpartum women are eligible for 3MMD

Namibia: 3MMD, but only in facility-based models

South Africa: Stable postpartum women eligible if no integrated ART/MCH care

South Sudan: Stable before this pregnancy: only eligible if already in a DSD model and VL<1000 in last 3M; Postpartum: Only qualify as stable after 12M on ART, and if infant is HIV negative

Uganda: Stable before this pregnancy: Only eligible if aligned with ANC/PNC visits; Postpartum: Only qualify as stable after 12M on ART

Zimbabwe: Only eligible if aligned with ANC/PNC visits



MAXIMUM DURATION OF ART REFILLS FOR ADULTS WITHIN DSD FOR HIV TREATMENT

Version: 28 June 2021
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	<3MMD	3MMD	3-6MMD	6MMD
Angola				
Burkina Faso				
Burundi*				
Cameroon				
Cote D'Ivoire				
DRC				
Eswatini				
Ethiopia				
Ghana*				
Guinea				
Haiti				
India				
Kenya				
Laos				
Lesotho				
Liberia				
Malawi				
Mozambique				
Myanmar*				
Namibia				
Nepal				
Nigeria				
Papua New Guinea				
Rwanda				
Senegal				
Sierra Leone				
South Africa*				
South Sudan				
Tanzania*				
Togo				
Uganda				
Zambia				
Zimbabwe*				

Key

- National policy
- Duration dependent on model
- COVID-19 policy adaptation
- Duration dependent on model

References

Click on the ovals in the table to access the referenced policy.

Notes

Burundi: Implementation plan differs with 3-6MMD

Ghana: 6MMD for facility-based individual DSD models where supply chain allows

Myanmar: Graduation to 6MMD from 12 months on ART

South Africa: 3MMD encouraged for TLD regimen in COVID policy

Tanzania: 3MMD graduating to 6MMD

Zimbabwe: 6MMD for mobile populations (National policy)



DSD ART REFILL LENGTH BY AGE GROUP

Version: 28 June 2021
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	Not Specified	Excluded	<3MMD	3MMD	3-6MMD	6MMD
Angola	2 5 10			A		
Burkina Faso*		2 5				10 A
Burundi*		2 5		10 A		
Cameroon		2 5 10		A		
Cote D'Ivoire	2 5 10			2 5 10 A	A	
DRC*		2 5			10 A	10 A
Eswatini*		2 5 10		A 2 5 10	A	
Ethiopia*				2 5 10		A
Ghana*				2 5 10	A 10	
Guinea*						2 5 10 A
Haiti	2 5 10				A	
India			2 5 10	A		
Kenya*				2 5 10 A		
Laos		2 5 10			A	
Lesotho*					2 5 10 A	
Liberia		2 5 10		2 5 10		A
Malawi*		2 5 10			A	5 10 A
Mozambique*				2 5 10		A
Myanmar*	2 5 10				A	
Namibia*						2 5 10 A
Nepal	2 5 10					A
Nigeria		2 5 10		A		
Papua New Guinea		2 5 10			A	
Rwanda*		2 5		10 A		
Senegal	2 5 10				A	
Sierra Leone*		2		10 A	A	
South Africa		2		5 10 A		
South Sudan*				2 5 10 A	A	
Tanzania*		2		10 A	A	
Togo		2 5			10 A	
Uganda*				2 5 10		A
Zambia		2		2 5		10 A
Zimbabwe*				2 5 10 A	2 5 10 A	

Key

- 2 Policy for 2-5 years (younger child)
- 5 Policy for 5-10 years (child)
- 10 Policy for 10-19 years (adolescent)
- A Policy for >19 years (adults, excluding people who are pregnant or breastfeeding)
- National policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

- Burkina Faso:** >12 years qualify for adult refill duration (6MMD)
- Burundi:** Implementation plan differs with 3-6MMD
- DRC:** >15 years qualify for adult refill duration (3-6MMD normal policy, 6MMD COVID policy)
- Eswatini:** Refill duration dependent on model for both latest national and COVID policy
- Ethiopia:** COVID policy allows <15 years to qualify for 3MMD. Latest national policy allows all stable patients to receive 6MMD (assumed includes >15 years)
- Ghana:** 6MMD for facility-based individual DSD models where supply chain allows for those on adult doses (must be fully disclosed if <19 years)
- Guinea:** Children and adolescents eligible for 6MMD if receiving with caregiver and on ART >6 months, or >15 years if alone
- Kenya:** Children/adolescents eligible for DSD/MMD if caregivers are stable
- Lesotho:** Stable patients eligible for 3-6MMD, but age range not specified
- Malawi:** Duration is model dependent in COVID policy; age criteria not given for COVID policy, but must be >20kg
- Mozambique:** 2-9 years eligible if caregiver in same DSD model
- Myanmar:** 3-6MMD graduating to 6MMD at 12 months on ART
- Namibia:** Duration dependent on model, <19 years at discretion of clinician
- Rwanda:** Policy inconsistencies: states that adolescents (10-19 years) in school are eligible for 3MMD, but also, <15 years only 1MMD unless in boarding school
- Sierra Leone:** 5-10-years eligible if stable on adult doses
- South Sudan:** Children and adolescents eligible once on ART for 12 months (same regimen for 3 months). COVID policy doesn't specify age but NCD and >50 years prioritized
- Tanzania:** 3MMD graduating to 6MMD for adults
- Uganda:** 6MMD can be considered for "high-risk" adults, where frequent attendance could compromise adherence
- Zimbabwe:** Latest national policy: 6MMD for mobile populations



FREQUENCY OF CLINICAL CONSULTATIONS AMONG THOSE IN DSD FOR HIV TREATMENT

Version: 28 June 2021
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	3-monthly	3-6-monthly	6-monthly	6-12-monthly	Annual
Angola					
Burkina Faso*					
Burundi					
Cameroon					
Cote D'Ivoire					
DRC					
Eswatini					
Ethiopia					
Ghana*					
Guinea*					
Haiti*					
India					
Kenya					
Laos					
Liberia					
Malawi					
Mozambique*					
Myanmar					
Namibia*					
Nepal					
Nigeria					
Papua New Guinea					
Rwanda					
Senegal					
Sierra Leone					
South Africa*					
South Sudan					
Tanzania*					
Togo					
Uganda*					
Zambia					
Zimbabwe*					

Key

- National policy
- COVID-19 policy adaptation

References

Click on the ovals in the table to access the referenced policy.

Notes

Burkina Faso: 6 monthly consultations for first DSD year then annual

Ghana: 3 monthly consultations for children >2 years until on adult ART doses

Guinea: 6 monthly consultations from 6-12M then annual

Haiti: 3 monthly telephone check-up

Mozambique: 3 monthly if 2-9 yrs, on IPT or lactating

Namibia: 6-month ART prescriptions

South Africa: 6-month ART prescriptions

Tanzania: Annual consultations for migrant populations

Uganda: 3 monthly consultations for children >2 yrs and adolescents (10-19yrs)

Zimbabwe: 6 monthly consultations if viral load testing not available /Adolescents 6 monthly/ Children >2 years 3 monthly



GROUP MODELS OF DSD FOR HIV TREATMENT

Version: 28 June 2021
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	Not specified*	No group model*	Facility-based group model endorsed	Community-based group model endorsed
Angola				
Burkina Faso*				
Burundi*				
Cameroon				
Cote D'Ivoire				
Dominican Republic				
DRC*				
Eswatini*				
Ethiopia				
Ghana				
Guinea				
Haiti*				
India				
Kenya*				
Laos*				
Lesotho*				
Liberia				
Malawi				
Mozambique*				
Myanmar*				
Namibia*				
Nepal				
Nigeria				
Papua New Guinea				
Rwanda				
Senegal				
Sierra Leone*				
South Africa*				
South Sudan*				
Tanzania*				
Togo				
Uganda*				
Zambia*				
Zimbabwe*				

Key

National policy

References

Click on the ovals in the table to access the referenced policy.

Notes

'Not specified' applies to countries that do not specify any group or individual DSD models, 'No group model' applies to countries that specify individual, but not group DSD models, or which explicitly exclude group DSD models.

Angola: Community ART groups (acronym is GAACs in Portuguese) are mentioned, but not specifically endorsed

Burkina Faso: Support groups available for clients accessing six monthly facility-based refills (RAVI6m)

Burundi: Points de distribution communautaires (PDI) facilitator distributes 3MMD ART to support groups of 5-30 people

DRC: Three monthly facility-based adherence clubs and monthly Community Adherence Groups (CAGs)

Eswatini: Facility-based adherence clubs and CAGs

Ethiopia: Urban health extension professional/health extension-managed community ART refill groups (UHEP/HEP, CAG) and peer-led community-based ART distribution model (PCAD) endorsed in addition to facility-based family ART refills.

Ghana: Facility-based ART refill groups

Haiti: Mentions that 6MMD can be integrated into community support groups and CAGs, although no detail on models is offered

Kenya: CAGs

Laos: Adherence clubs are mentioned as potentially beneficial, but not specifically endorsed

Lesotho: CAGs

Mozambique: Facility-based teen and viraemic clubs, community-based support and adherence groups (GAACs).

Myanmar: Facility-based patient support meetings endorsed, although not specified whether this integrates with ART provision

Namibia: Facility-based ART adherence clubs and CAGs

Sierra Leone: No group models detailed for general population, but does endorse facility-based ART refill groups for adolescents

South Africa: Facility- and community-based adherence clubs

South Sudan: Facility-based club refills and community-based ART refill groups (CARGs)

Tanzania: Facility-based group refills including counselling (e.g., teen or youth clubs)

Uganda: Facility-based groups and Community Client Led ART Delivery (CCLADs)

Zambia: Facility-based Urban Adherence Groups (UAGs) and CAGs

Zimbabwe: Facility-based group refills (catering for various specific and general populations) and CARGs



COMMUNITY MODELS OF DSD FOR HIV TREATMENT

Version: 28 June 2021

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	Not specified	Only facility-based DSD models endorsed	Facility and community-based DSD models endorsed	Key	References
Angola				National policy	Click on the ovals in the table to access the referenced policy.
Burkina Faso*				Interim COVID-19 policy	
Burundi*					
Cameroon*					
Cote D'Ivoire*					
Dominican Republic					
DRC*					
Eswatini*					
Ethiopia*					
Ghana*					
Guinea					
Haiti*					
India*					
Kenya*					
Laos*					
Lesotho*					
Liberia					
Malawi*					
Mozambique*					
Myanmar					
Namibia*					
Nepal*					
Nigeria*					
Papua New Guinea*					
Rwanda					
Senegal*					
Sierra Leone*					
South Africa*					
South Sudan*					
Tanzania*					
Togo					
Uganda*					
Zambia*					
Zimbabwe*					

Notes

Burkina Faso: 6MMD at both facility and community level

Burundi: Community models are 3MMD community groups managed by facilitator collecting ART from facility (called PODI)

Cameroon: Separate policy for community-based organizations to dispense ART

Cote D'Ivoire: Covid-19 policy introduced home delivery of ART for those over 60 years and/or with co-morbidities

DRC: Community-based models are PODI (3MMD) and community adherence groups (CAGs) (1MMD)

Eswatini: Community outreach model and CAGs; KP specific community models; Fast track at outreach mobile model and KP Community ART groups serviced by mobile outreach (not clinic) and KP clubs at mobile outreach

Ethiopia: Urban health extension professional/health extension-managed community ART refill groups (UHEP/HEP_CAG) and peer-led community-based ART distribution model (PCAD) endorsed. COVID-19 policy introduced home delivery of ART.

Ghana: Community-based models are community health points (CHPs), drop-in centers and community pharmacy refills. Home delivery of ART is also permitted during routine home visits by Community Health Officers or peer supporters.

Guinea: After 12 months in the model, the 6MMD can be moved to community-based refills (with an annual clinical consultation)

Haiti: 6MMD model can be integrated into community-based models including home delivery, support groups and CAGs

India: COVID-19 policy introduced community-based models for ART refills including home delivery/peer networks

Kenya: Community-based models including home delivery via community health workers (CHWs) and CAGs

Laos: Community-based models endorsed but not detailed in policy

Lesotho: Community-based model is CAGs

Malawi: Models include Teen Clubs, mobile clinics like ART-provider managed Community ART Groups, drop-in centres, and pharmacy fast-track refills

Mozambique: Community-based models include mobile outreach (called Mobile Brigades) and CAGs (acronym in Portuguese is GAACs)

Namibia: Community-based models include comprehensive community-based health services (old C-BART/outreach), CAGs, community-based, client-led distribution groups

Nepal: Community-based model is community ART centres

Nigeria: Community-based models endorsed but not detailed in policy

Papua New Guinea: Community-based models include individual refill model using CHWs, pharmacy dispensers or peer-led provided trained

Senegal: Community models endorsed but not detailed in policy

Sierra Leone: Community-based models include community ART refill collection points and drop-in centres

South Africa: Community-based models include external pick-up points (including private pharmacies/containers, lockers, community pick-up points) and community-based adherence clubs

South Sudan: Community-based models include outreach and community ART refill groups

Tanzania: Community-based model is mobile outreach services

Uganda: Community-based models include community drug distribution points (CDDPs) and community client-led ART delivery (CCLAD)

Zambia: Community-based models include health post dispensation, home delivery, community based pick-up, CAGs and Urban Adherence Groups (UAGs); Covid-19 policy mentions community based pick-up and home delivery

Zimbabwe: Community-based model is community adherence refill groups (CARGs)



INTEGRATION OF NON-COMMUNICABLE DISEASE REFILLS WITHIN DSD FOR HIV TREATMENT MODELS

Version: 28 June 2021
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	Not specified	Clients on NCD treatment excluded	Alignment of clinic visit for NCD and HIV	NCD refills MMD with ART refills	NCD treatment integrated with DSD for HIV treatment
Angola					
Burkina Faso					
Burundi					
Cameroon					
Cote D'Ivoire					
DRC					
Eswatini					
Ethiopia					
Ghana*					
Guinea					
Haiti					
India					
Kenya					
Laos					
Lesotho					
Liberia					
Malawi					
Mozambique*					
Namibia					
Nepal					
Nigeria					
Papua New Guinea					
Rwanda*					
Senegal					
Sierra Leone					
South Africa*					
South Sudan					
Tanzania					
Togo					
Uganda*					
Zambia					
Zimbabwe*					

Key

- National policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

Ghana: NCD treatment to be provided through same DSD for HIV treatment models for the same duration refill if available

Mozambique: The interim COVID-19 policy states that where possible, NCD treatment must be integrated with ART refills (3MMD)

South Africa: NCD (hypertension and diabetes treatment) fully integrated into DSD for HIV treatment models with same refill duration

Uganda: Those with other chronic co-morbidities (hypertension, diabetes, cardiac diseases, and renal diseases) can be considered established on treatment if their co-morbidities are controlled. COVID-19 policy enables alignment of NCD (diabetes and hypertension) treatment and ART refill durations

Zimbabwe: Clinical and NCD treatment refills aligned with DSD in normal policy. COVID-19 policy notes that clients with diabetes, cancer, hypertension and other cardiovascular conditions should be prioritized for MMD



INTEGRATION OF TB PREVENTIVE THERAPY (TPT) WITHIN DSD FOR HIV TREATMENT MODELS

Version: 28 June 2021
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	Not specified	Clients on TPT excluded	Alignment of clinic visit for TPT and HIV	TPT refills MMD with ART refills	TPT integrated with DSD for HIV treatment
Angola					
Burkina Faso*					
Burundi*					
Cameroon*					
Cote D'Ivoire*					
DRC					
Eswatini*					
Ethiopia					
Ghana*					
Guinea					
Haiti					
India					
Kenya*					
Laos					
Lesotho					
Liberia					
Malawi*					
Mozambique*					
Myanmar					
Namibia					
Nepal					
Nigeria*					
Papua New Guinea					
Rwanda					
Senegal					
Sierra Leone					
South Africa*					
South Sudan					
Tanzania*					
Togo					
Uganda*					
Zambia*					
Zimbabwe					

Key

- National policy
- Interim COVID-19 policy

References

Click on the ovals in the table to access the referenced policy.

Notes

Burkina Faso: TPT provided for 6 months within RAVI6M DSD model

Burundi: DSD policy excludes patients on TPT. However, implementation plan contradicts the DSD policy by providing 3MMD for TPT with ART refills

Cameroon: TPT must be completed to qualify for DSD

Cote D'Ivoire: Interim COVID-19 policy: 3MMD TPT with ART refills

Eswatini: TPT refills with ART refills in all DSD models

Ghana: TPT prescribed monthly for first 2 months, thereafter 2 monthly with ART refill visit alignment if possible

Kenya: TPT must be completed to qualify for DSD

Malawi: TPT to be completed to qualify for 6MMD DSD. Does allow for 6MMD of TPT with ART refills to support TPT catch up

Mozambique: TPT integrated within facility-based 3MMD DSD model ("Fluxo Rapido")

Nigeria: Monthly TPT refills

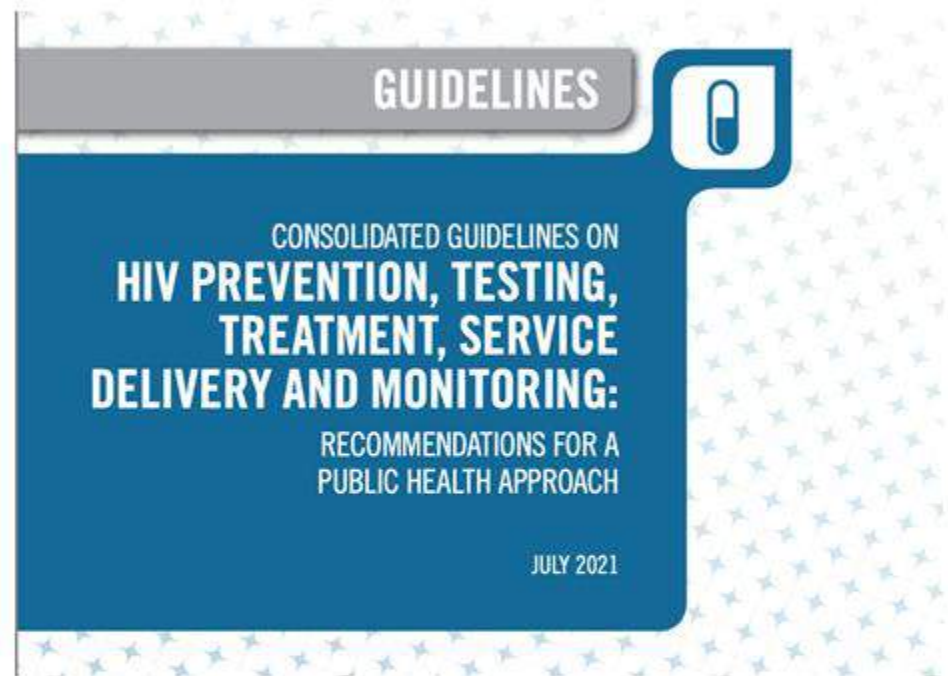
South Africa: TPT not addressed in DSD policy. Draft (2019) revised TPT guidelines fully integrate TPT into DSD for HIV treatment models

Tanzania: ART patient on TPT considered unstable and ineligible for DSD. COVID-19 policy supports 3MMD for TPT with ART refills

Uganda: 3MMD TPT in facility and community DSD models

Zambia: TPT is separate from ART schedule and not specified in relation to DSD models

Service Delivery and Differentiated service delivery for HIV treatment recommendations

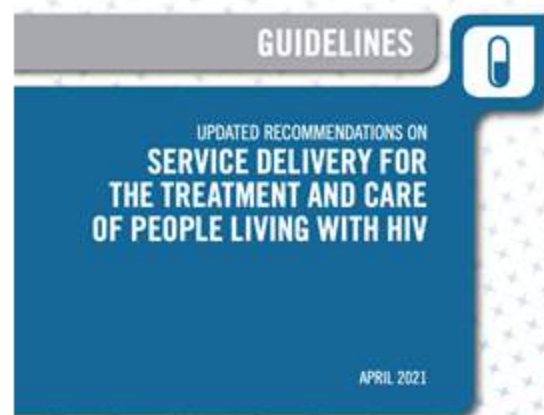


Session 16: Differentiated service delivery for HIV treatment (DSD ART) and the new WHO service delivery guidelines in the context of the Covid-19 pandemic

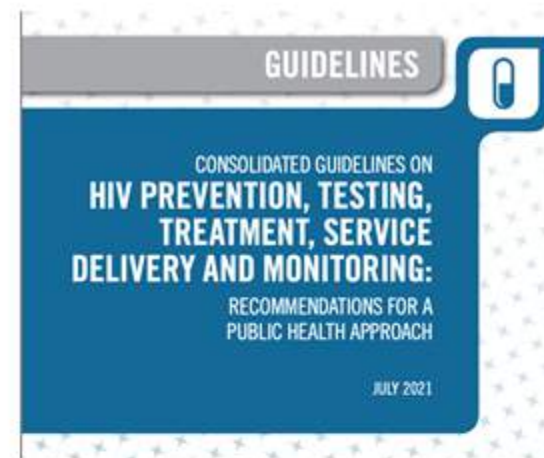
Thursday, August 19, 2021 7:00-8:30 EST | 13:00-14:30 CAT | 14:00-15:30 EAT | 18:00-19:30 ICT

Clarice Pinto (DSD ART focal point consultant) - Global HIV, Hepatitis, STIs Programmes - World Health Organization, Geneva









March 2021, Updated recommendations on service delivery for the treatment and care of people living with HIV



July 2021, Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring



Latest Service Delivery Recommendations

ART initiation may be offered outside the health facility		Conditional
Clinical visits every 3-6 months, preferably 6 months if feasible*		Strong
ART dispensing every 3-6 months, preferably 6 months if feasible*		Strong
Tracing and support for people who have disengaged		Strong
SRH services, including contraception, may be integrated with HIV services		Conditional
Diabetes and hypertension care may be integrated with HIV services		Conditional
Psychosocial interventions should be provided to all adolescents and young adults living with HIV		Strong
Task sharing of specimen collection and point-of care testing with non-lab personnel when professional capacity is limited		Strong

- People who are established on ART: new definition given
- Applies to all populations

Good Practice Statements

Health systems should invest in people-centred practices

Same day ART initiation should include approaches to improve uptake, adherence and retention

Non-judgmental, tailored approaches to assessing adherence


Balanced integration of diagnostic services

Criteria for determining whether a person is established on ART

To support the implementation of these recommendations, WHO has developed criteria for determining whether a person has been successfully established on ART:

- receiving ART for **at least six months**;
- **no current illness**, which does not include well-controlled chronic health conditions;
- good **understanding of lifelong adherence**: adequate adherence counselling provided; and
- **evidence of treatment success**: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm³ or CD4 count >350 for children 3-5 years or weight gain, absence of symptoms and concurrent infections).



 **INCLUDES all populations established on ART:**

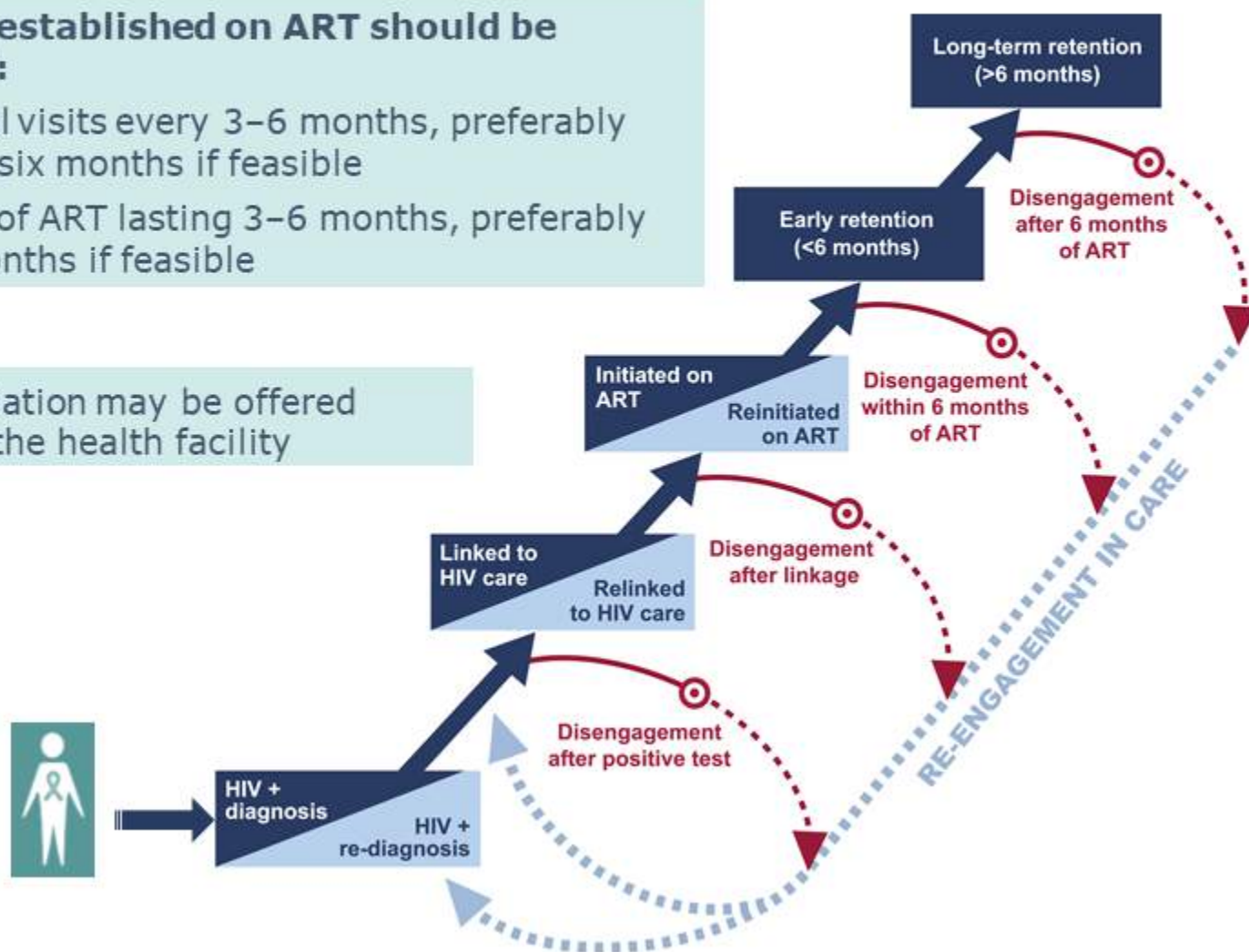
- Individuals receiving **second- and third-line regimens**
- PLHIV with **controlled comorbidities**
- **Children and adolescents**
- **Pregnant** and **breastfeeding** women
- **Key populations**

Guidance that addresses the cyclic nature of HIV care

People established on ART should be offered:

- clinical visits every 3–6 months, preferably every six months if feasible
- refills of ART lasting 3–6 months, preferably six months if feasible

ART initiation may be offered outside the health facility



HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement

The offer of same-day ART initiation should include approaches to improve uptake, treatment adherence and retention such as tailored patient education, counselling and support

Differentiated Service Delivery (DSD)



“Differentiated service delivery (previously referred as differentiated care), is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with and vulnerable to HIV and reduce unnecessary burdens on the health system.”

WHO Updated recommendations on service delivery for the treatment and care of people living with HIV, 2020

“People-centred health services are an approach to care that consciously adopts the perspectives of individuals, families and communities and sees them as participants and beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways.”



“HIV programmes should provide people-centred care that is focused and organized around the health needs, preferences and expectations of people and communities, upholding individual dignity and respect, especially for vulnerable populations, and engage and support people and families to play an active role in their own care by informed decision-making”

The principles of differentiated service delivery can be applied across the HIV continuum of care: including prevention, testing, linkage to care, ART initiation and follow-up and integration of HIV care and coinfections and comorbidities.

DSD for HIV treatment aims to improve retention and viral suppression by optimizing models of treatment and care delivery.

Differentiated service delivery for HIV treatment Goals



BEFORE

One-size-fits all approach to service delivery

- Same day clinical appointments, ART refills and psychosocial support.
- Additional wait for lab exams.
- **Multiple visits for clinical check-ups and ART refills.**
- **Established HIV patients face long wait time for HIV services at health facilities.**
- **Separate path-ways for other health services.**



Currently

A person-centered approach

- **Focused on person's needs** (KPs, children, adolescents, pregnant & breastfeeding, adults)
- **Reduced clinical visits for clients established on ART**
- **Decentralized and task-shared ART refills and psychosocial support**
- Different models to address different challenges.
- Clients have choice.
- **Separate pathways for other health services**



Future

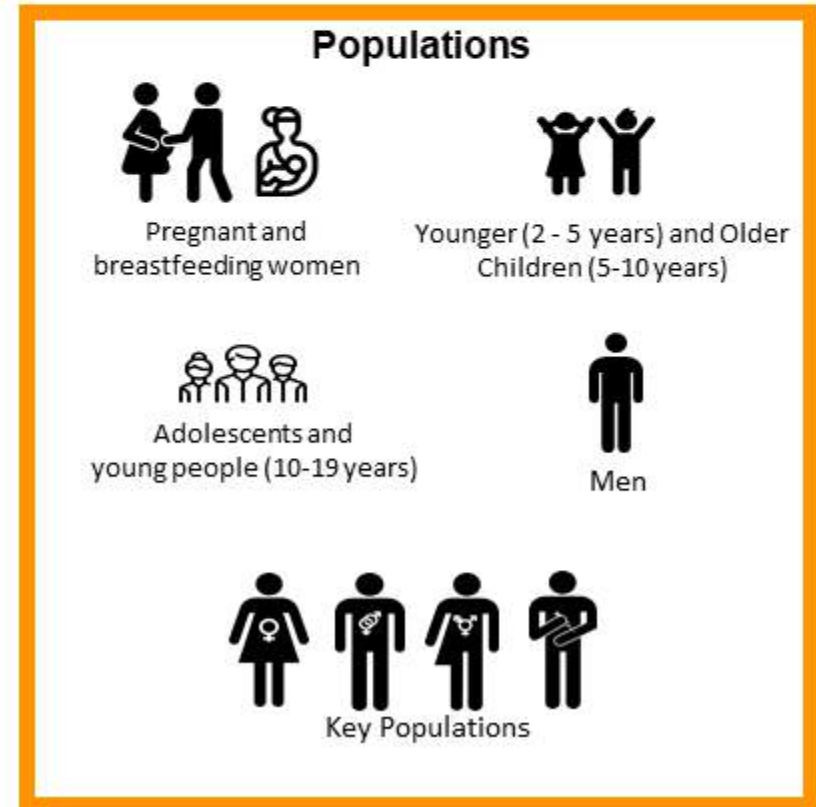
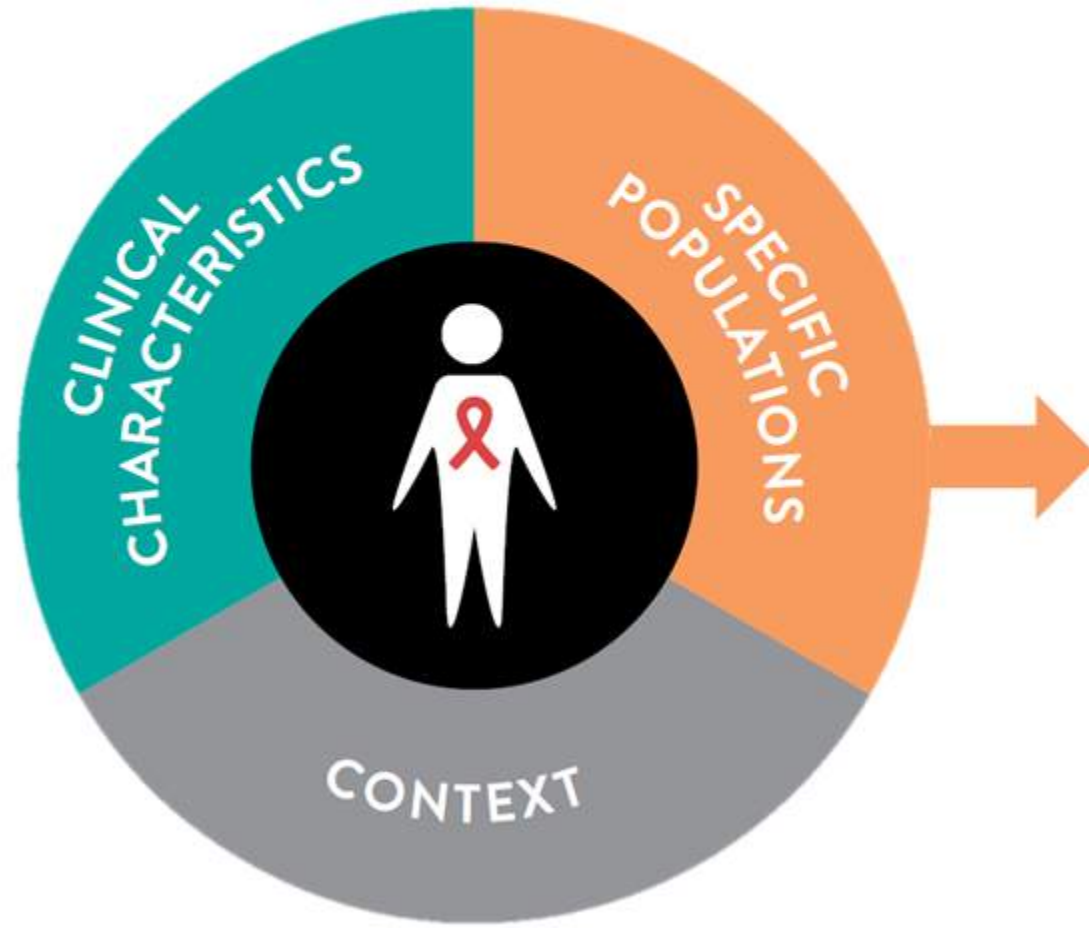
Health services integrated into DSD for HIV treatment models

- Focused on person's needs
- Reduced clinic visits for clients established on ART
- Decentralized and task-shared ART refills and psychosocial support
- Different models to address different challenges.
- Clients have choice.
- **Mainstream of other health services for PLHIV**

DSD ART models adapted based on three elements

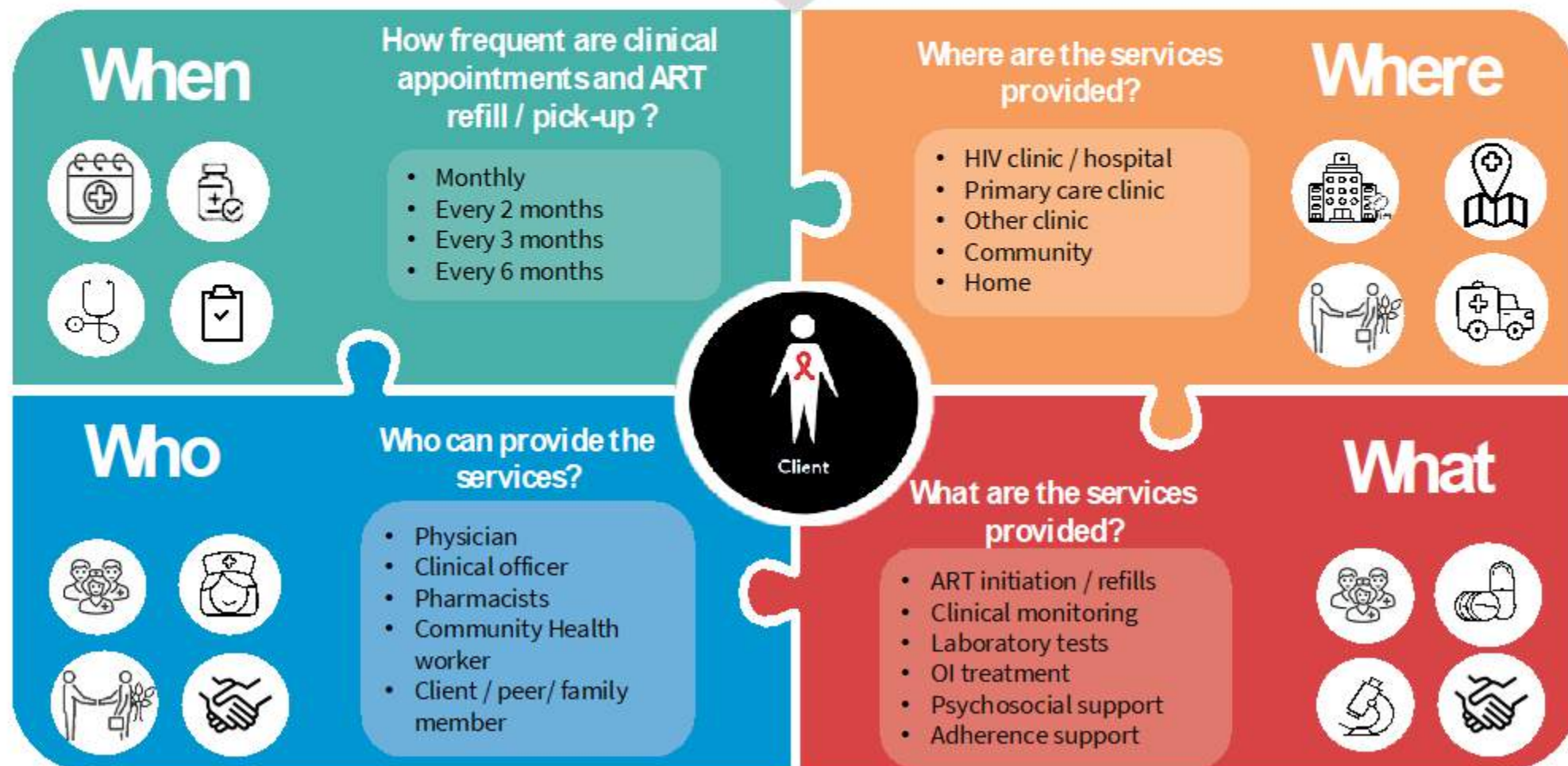


The decision on which DSD ART model to adopt should be based on local assessment of needs and preferences, as well as according to:



The building blocks of differentiated service delivery for HIV treatment

These building blocks need to be defined separately for:
ART Refills, **Clinical Consultations**, and **Psychosocial Support**



Four categories of differentiated service delivery for HIV treatment



The following clinical visits and ART refills frequency recommendations apply to all 4 categories presented above:

- People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible
- People established on ART should be offered refills of ART lasting 3–6 months, preferably every six months if feasible

At the health facility OR outside, in the community:

- Adherence Clubs
- Community Adherence Groups (CAGs)
- Family Clubs
- Teen Clubs



Outside of the health facility/ in the community:

- Community Adherence Groups (CAG)
- Community Adherence Refill Groups (CARG)
- Client-Led ART Delivery (CCLAD)

At the health facility:

- Fast Track



Outside of the health facility/ in the community:

- Community Drug Distribution Points (CDDP): CBO; Lockers/Automated Dispensing
- Community ART Distribution Points (PODI),
- External Pickup points,
- Drop-in Centers
- Private pharmacies,
- Mobile clinics,
- Home delivery

DSD ART implementation considerations



Most common Challenges

- Health system strengthening:
 - Supply Chain
 - Limited access to VL
 - M&E system and data disaggregation to show coverage of DSDART models
 - Human resources capacity: gaps in Healthcare worker training and engagement and Patients and communities engagement
- Some populations left behind: Children, pregnant and post-partum women still in conventional delivery models
- Limited expansion of community DSDART models

Opportunities

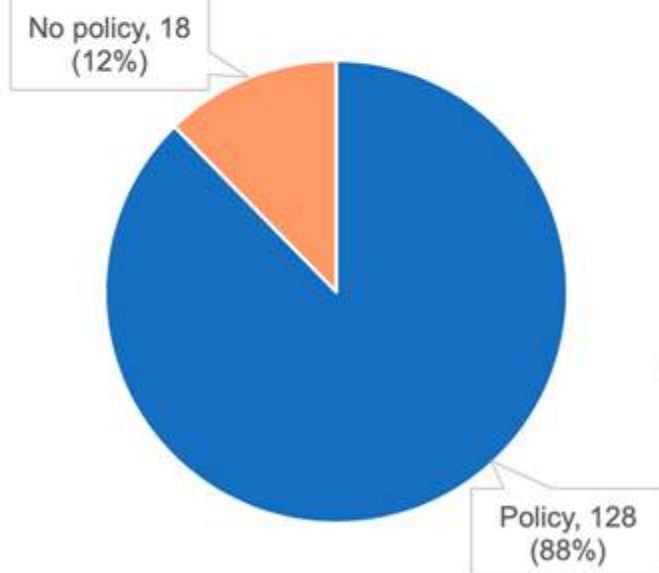
- Supportive national policies, legal/regulatory and coordination among the different levels of the government and other agencies
- Key stakeholders Engagement in different phases (needs assessment, design & planning, implementation, monitoring & evaluation):
 - Providers can become facilitators
 - Communities (demand creation and in quality assurance/improvement)
- Clear mechanisms for data management management (collecting the data, sharing the data between health facilities and community activities)
- Adequate infrastructure, trained providers at facility and community levels
 - Improvement in supply chain doesn't only benefit DSD implementation, but the entire HIV cascade
 - Systems for quality assurance and quality improvement
- COVID-19 temporary adaptations may present longer term opportunities
- Integration of other services: TB, TPT, AHD, NCDs, FP
- Transition from 3 to 6 months supply when possible



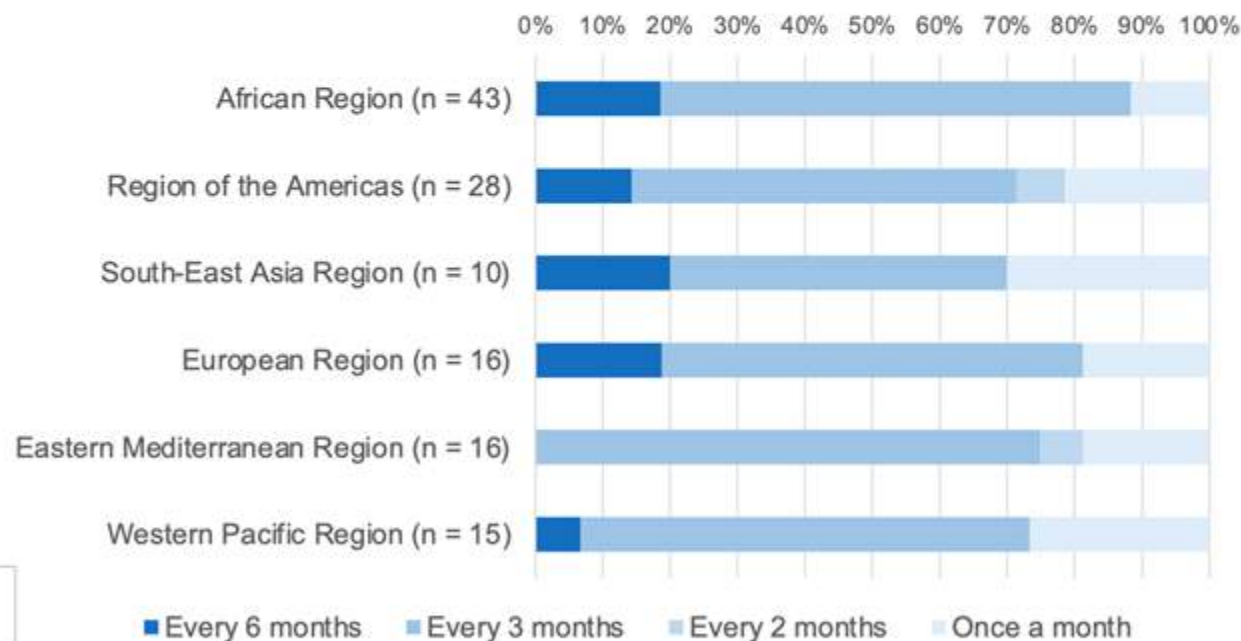
Atuhura et al. 2017 demonstrated that the **community score card (CSC)** effectively enables communities to advocate **for adherence clubs** to support viral load (VL) suppression among HIV- positive men who have sex with men (MSM) in Uganda.

National policies on frequency of ART pick-up for people who are stable on ART, 2021

National policies on frequency of ART pick-up for people who are stable on ART, 2021 (n = 146 reporting countries)

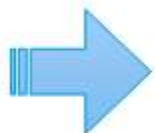
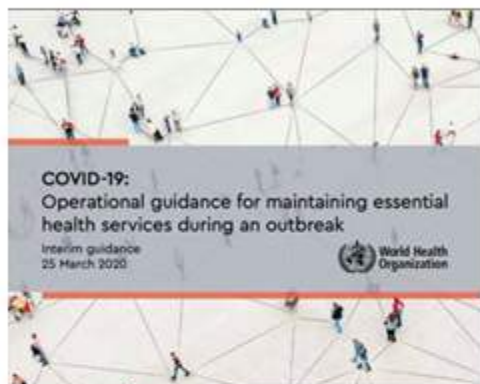


Frequency of ART pick-up for people who are stable on ART, by WHO region, 2021 (n = 128 reporting countries)



ART refills of 3 months duration continues to be the most common

WHO Operational guidance for maintaining HIV services in the COVID-19 context



- Emphasize same-day start for ART, including when patient is starting outside of a facility (e.g. during outreach or when attending mobile services).
- Extend to 6-monthly dispensing and promote community dispensing points.



The COVID-19 outbreak saw countries make pivotal changes that will likely be beneficial in the long term

- Expanding eligibility
- Embracing community-based models,
- Less frequent visits to a health facility with less frequent medication pick-ups, Integrating/aligning ART refills with other preventive and chronic medications
- Virtual Case Management and DSD
- Improved focus on people-centered care

SUMMARY



- **DSD is for all populations** is for children, adolescents, pregnant women, and key populations.
- **Person-centered:** emphasis on psychosocial support and interventions and the engagement/involvement of peers.
- **Data:** continued monitoring and analysis of outcome data across populations, including for quality improvement
- **Health system strengthening** continues need to address implementation bottle necks
- **DSD policies vary in uptake and implementation**
 - ART dispensing with 3 months most common due to supply concerns
 - Community DSD ART models: further progress needs to be made
- **COVID response:** sustained adoption of measures introduced as part of the emergency (longer duration of clinic visit and drug dispensing)
- **Real world experience:**
 - Improved linkage; Improved retention and VL suppression
 - Helping countries with poor ARV coverage to take programmes to scale
 - Continued harmonization of DSD approaches for HIV and other chronic diseases

Thank you



WHO

20, Avenue Appia
1211 Geneva

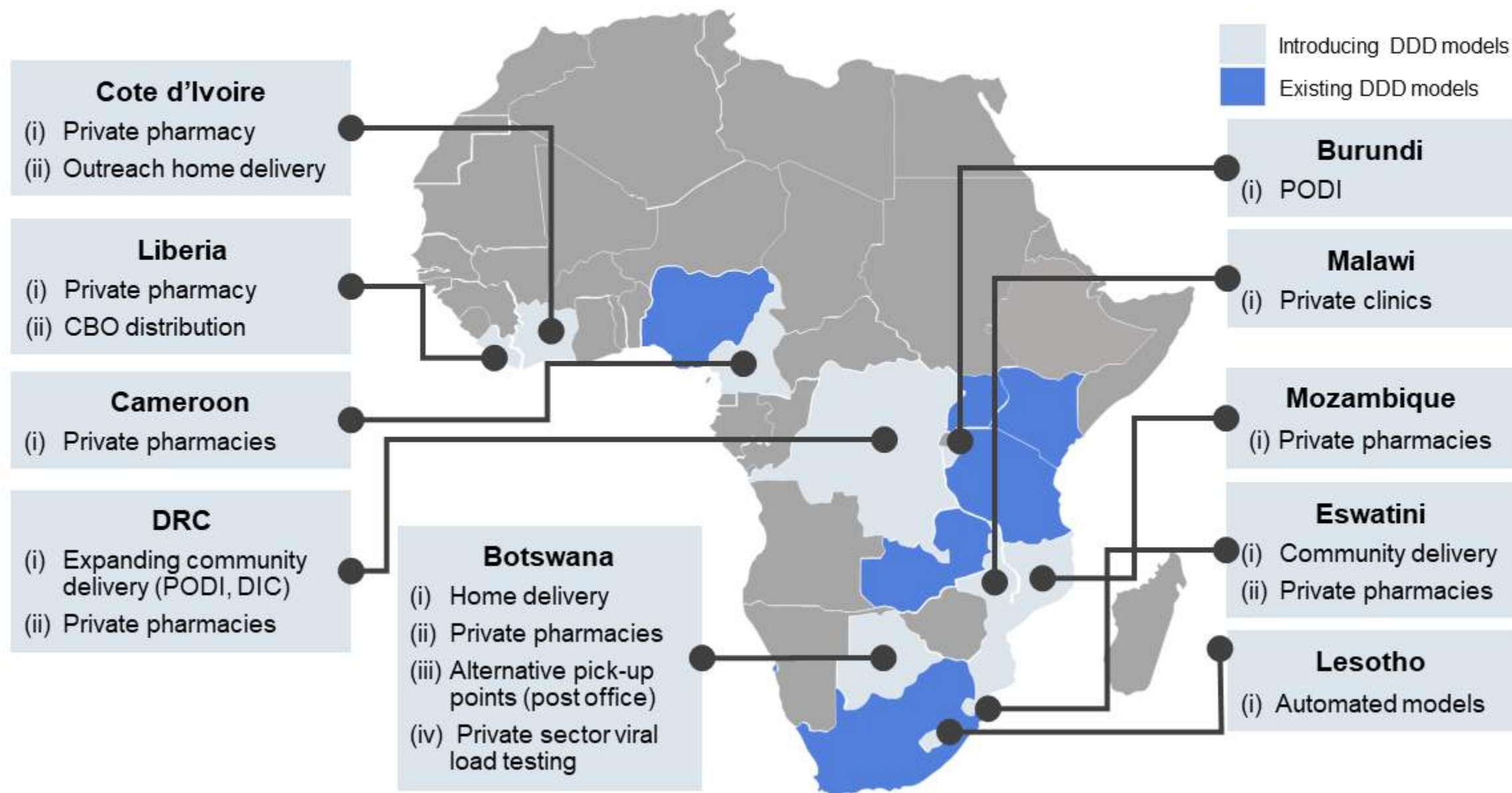
Switzerland

Progress in scaling up decentralized drug distribution (DDD) in EpiC supported countries

Moses Bateganya
Technical Director, EpiC



EpiC-supported introduction of Decentralized Drug Distribution



How DDD fits into different DSD for HIV treatment models

Model	Private pharmacy/ clinic model	Home ART delivery	PODI and other and other community- based pick-up points	Automated options e.g., e-lockers and vending machines
When	3-monthly	3-monthly	3-monthly	3-monthly
Where	Private pharmacy Private clinic	Home Convenient location of choice	PODI leader's home or other community structure e.g., DIC	e-Lockers (at facilities or at a shopping center) Pharmacies
Who	Private pharmacist Private clinician	Private courier services (Botswana) CHW (Cote d'Ivoire)	Expert client/peer worker/HCWs	Contactless Pharmacists
What	ART refill Viral load testing	ART refills	ARV refills, adherence counseling, VL test reminders, NCD drugs, discussions on income- generating activities	ART refills

Opportunities: VL sample collection, PrEP, HIVST kits, FP commodities, TPT, CTX, anti-TB medications

Links to resources to facilitate DDD

Liberia begins to ease burden on health system by dispensing ART in community pharmacies

JUNE 1, 2019
NEWS



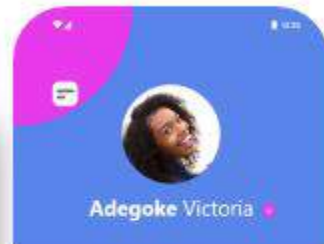
Decentralized Distribution of Antiretroviral through the Private

A STRATEGIC GUIDE FOR SCALE-UP
DECEMBER 2019



Modifying Models for Decentralized Distribution of ART through the Private Sector to Address Disruptions Related to COVID-19

Meeting Targets and Maintaining Epidemic Control (ETPC) Project
COORDINATIVE AGREEMENT NO. T5000AYC000002



User Navigation

- Client Profile
- Appointments
- Drug Refill
- Cancel Service



Refill History



Training Curriculum for Staff Involved In Decentralized Drug Distribution

TRAINING GUIDE

TRAINING SESSIONS

Session 1: Introduction to the Model:

Participants: All leaders involved in DDD or ART at the point of care (health facilities and private pharmacies)

Total duration: 2 hours (including waiting materials)

Learning objectives:

- By the end of the session, participants will be able to:
 - Explain the rationale for DDD of ART
 - Outline the various DDD of ART models
 - Explain the advantages of different DDD of ART models

Decentralized Drug Distribution in Botswana: Final Report

Background

Botswana has made great strides in its HIV response, having reduced the national HIV prevalence from 25% in 2007 to 20% in 2019. The country has also achieved significant milestones in its ART rollout, with over 900,000 people on ART. However, the current model of ART distribution, which relies heavily on health facilities, is facing challenges in terms of accessibility, especially in rural areas. The decentralized drug distribution (DDD) model offers a potential solution to these challenges by enabling the distribution of ART through private pharmacies and other community-based outlets. This report provides a detailed overview of the DDD model in Botswana, including its objectives, implementation, and impact.

Botswana DDD model

From September 2019 to the end of 2020, the DDD model was implemented in Botswana through the EpiC decentralized distribution (DDD) model. The model was designed to be a scalable and sustainable approach to ART distribution, with the goal of increasing the number of people on ART and improving the quality of care. The model was implemented in a phased manner, starting with a pilot phase in a few districts and then expanding to other districts. The pilot phase was successful, demonstrating the feasibility and effectiveness of the model. The expanded phase is currently underway, with the goal of reaching all districts by the end of 2020.

Model DDD

For the DDD model to be successful, it is essential that the private sector is engaged and motivated. This requires a range of measures, including providing training and support to private pharmacies, ensuring that they have the necessary infrastructure and resources, and creating incentives for them to participate. The DDD model also requires a strong regulatory framework to ensure that the quality of ART is maintained and that the model is sustainable in the long term.

Decentralized Drug Distribution in Cameroon: Final Report

Background

Cameroon has made significant progress in its HIV response, with the national HIV prevalence decreasing from 6.1% in 2007 to 5.1% in 2019. The country has also achieved significant milestones in its ART rollout, with over 1.5 million people on ART. However, the current model of ART distribution, which relies heavily on health facilities, is facing challenges in terms of accessibility, especially in rural areas. The decentralized drug distribution (DDD) model offers a potential solution to these challenges by enabling the distribution of ART through private pharmacies and other community-based outlets. This report provides a detailed overview of the DDD model in Cameroon, including its objectives, implementation, and impact.

Cameroon DDD model

The DDD model in Cameroon was implemented in a phased manner, starting with a pilot phase in a few districts and then expanding to other districts. The pilot phase was successful, demonstrating the feasibility and effectiveness of the model. The expanded phase is currently underway, with the goal of reaching all districts by the end of 2020. The model was designed to be a scalable and sustainable approach to ART distribution, with the goal of increasing the number of people on ART and improving the quality of care.

Decentralized Drug Distribution of Antiretroviral Therapy in Eswatini: Final Report

Background

Eswatini has made significant progress in its HIV response, with the national HIV prevalence decreasing from 26.5% in 2007 to 20.5% in 2019. The country has also achieved significant milestones in its ART rollout, with over 1.5 million people on ART. However, the current model of ART distribution, which relies heavily on health facilities, is facing challenges in terms of accessibility, especially in rural areas. The decentralized drug distribution (DDD) model offers a potential solution to these challenges by enabling the distribution of ART through private pharmacies and other community-based outlets. This report provides a detailed overview of the DDD model in Eswatini, including its objectives, implementation, and impact.

Eswatini DDD model

The DDD model in Eswatini was implemented in a phased manner, starting with a pilot phase in a few districts and then expanding to other districts. The pilot phase was successful, demonstrating the feasibility and effectiveness of the model. The expanded phase is currently underway, with the goal of reaching all districts by the end of 2020. The model was designed to be a scalable and sustainable approach to ART distribution, with the goal of increasing the number of people on ART and improving the quality of care.

EpiC Decentralized Drug Distribution Assessment Tools

October 2020

SESSION 15: Progress made but still a long way to go - final report

SESSION 13: Leveraging decentralized distribution to meet the needs of children and adolescents with HIV

Thursday, July 7:00 AM-8:30 AM EDT

Thursday, May 20, 2021 7:00 AM-8:30 AM EDT

THANK YOU

for joining our 14th decentralized drug distribution (DDD) learning collaborative session on Case management and support for patients on decentralized drug distribution and multi-month dispensing



Link to resources

Milestones and status: July 2020

Country	Activities update										
	A	B	C	D	E	F	G	H	I	J	K
Botswana											
DRC											
Eswatini											
Lesotho											
Malawi											
Mozambique											
Cameroon											
Cote d'Ivoire											
Burundi											
Liberia											

Legend	
	Not applicable
	Completed
	In progress
	Not yet started
	Presented but not adopted

Implementation milestones

A = MOH engagement

B = Engagement of other stakeholders- other implementing partners and associations of PLHIV

C = DDD outlet assessment

D = Patient refill preference survey

E = DDD outlets/Facilities selected/engaged

F = Training/capacity building done

G = Clients receiving ART through DDD

H = SI system development for DDD/DDD App

I = Scale up stage

J = Mapping

K = Costing

Progress by July 2021

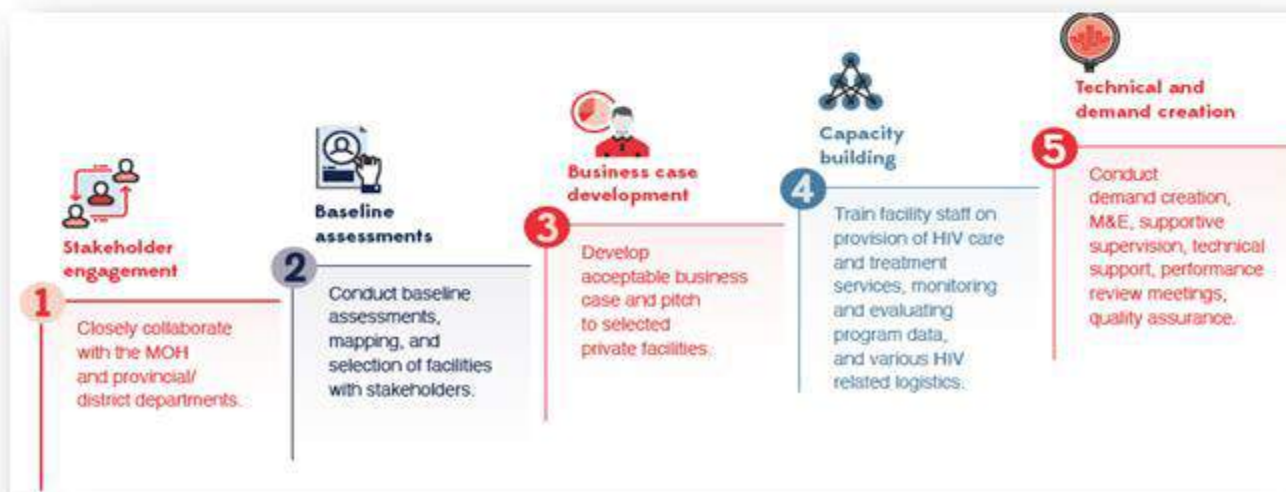
Country	Activities update										
	A	B	C	D	E	F	G	H	I	J	K
Botswana											
DRC											
Eswatini											
Lesotho											
Malawi											
Mozambique											
Cameroon											
Cote d'Ivoire											
Burundi											
Liberia											



Challenges	Enablers	Policy accomplishments
<ul style="list-style-type: none"> Delays with MOH approvals/ competing priorities/multiple departments Low VL coverage/those without VL ineligible for DDD Low demand (DDD Vs MMD 6) Hesitancy by MOH and stakeholders Streamlining data reporting and access for private providers 	<ul style="list-style-type: none"> Strong stakeholder engagement (i.e., TWGs, regular meetings, etc.) Engagement of PLHIV networks MOH leadership Existing electronic data systems MOUs 	<ul style="list-style-type: none"> Approval of out-of-facility dispensing Obtaining approval for private sector dispensing Use of custom indicators Approval of pilot VL testing

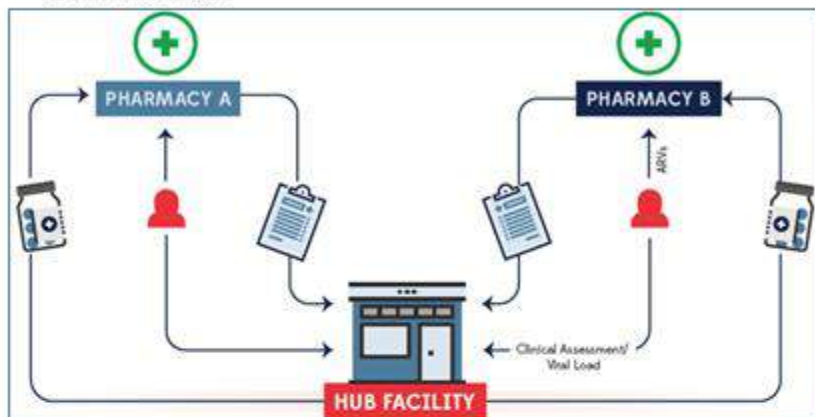


Country journeys towards decentralized drug distribution

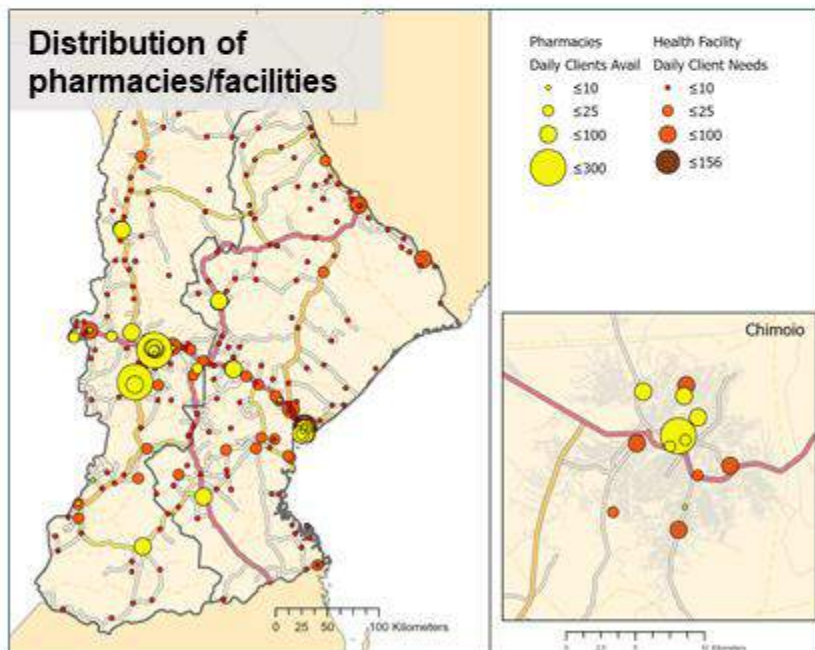


Mozambique Decentralized drug distribution within private pharmacies

The model



Distribution of pharmacies/facilities



Assessed 176, Eligible 99, Pilot 77



National roll out:

33 health facilities & 77 private pharmacies



Trainings:

- Basic HIV and ART
- ARV dispensation
- Pharmaceutical care
- Pharmacovigilance
- Pharmaceutical ethics
- Demand creation
- Supply management
- Electronic data systems

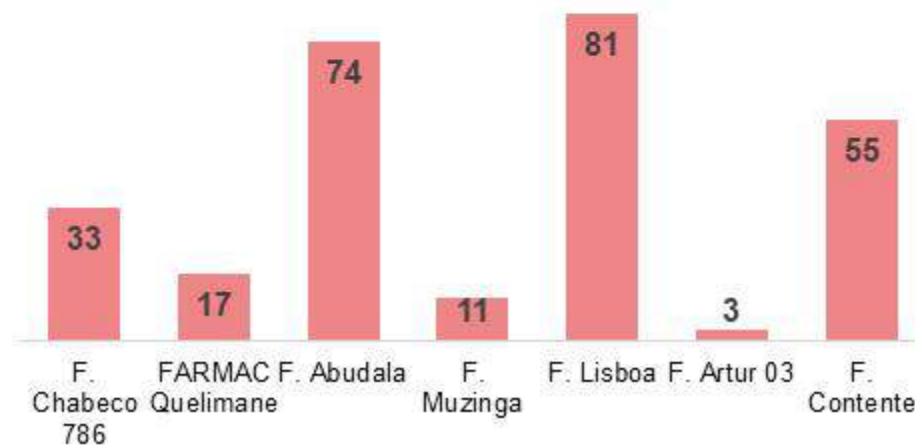


Package of services

ARV refills, adherence monitoring/support, TB screening and ADR screening, BP, weight)



274 clients have been devolved to 7 pharmacies in Zambezia province



Democratic Republic of the Congo

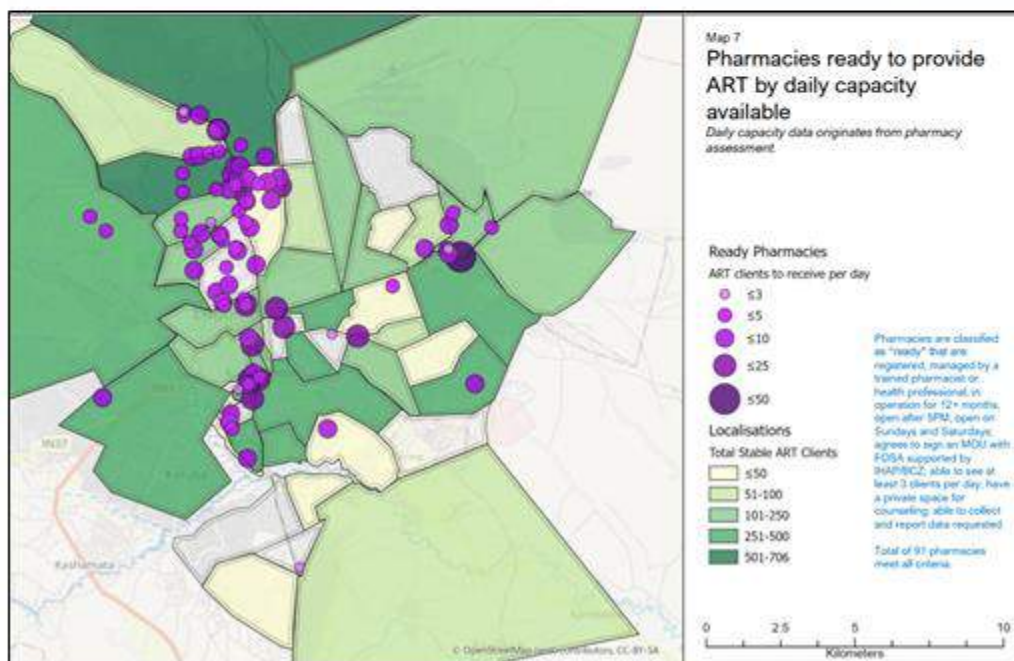
Decentralized drug distribution within private pharmacies

DRC model:

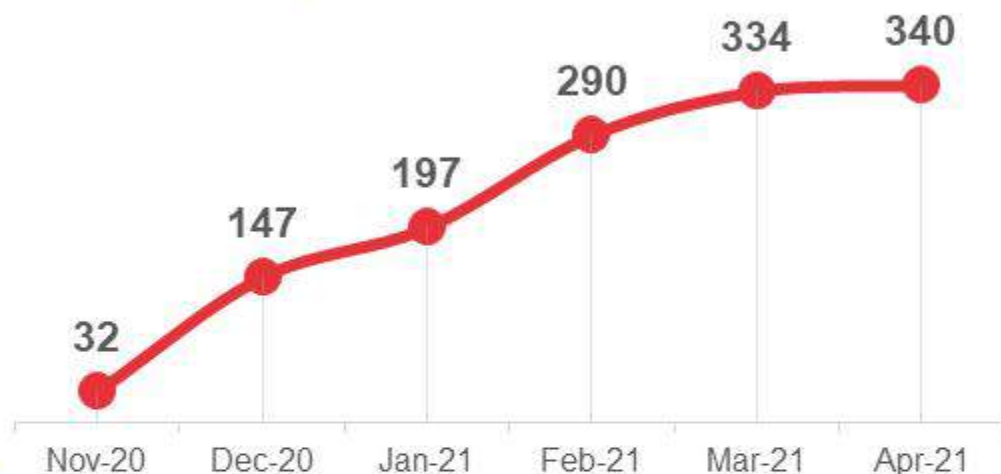
- Clients devolved from **17 health facilities**
- Clients devolved to **30 private pharmacies**
- **~US\$1 fee** paid to each PP per refill

Services provided:

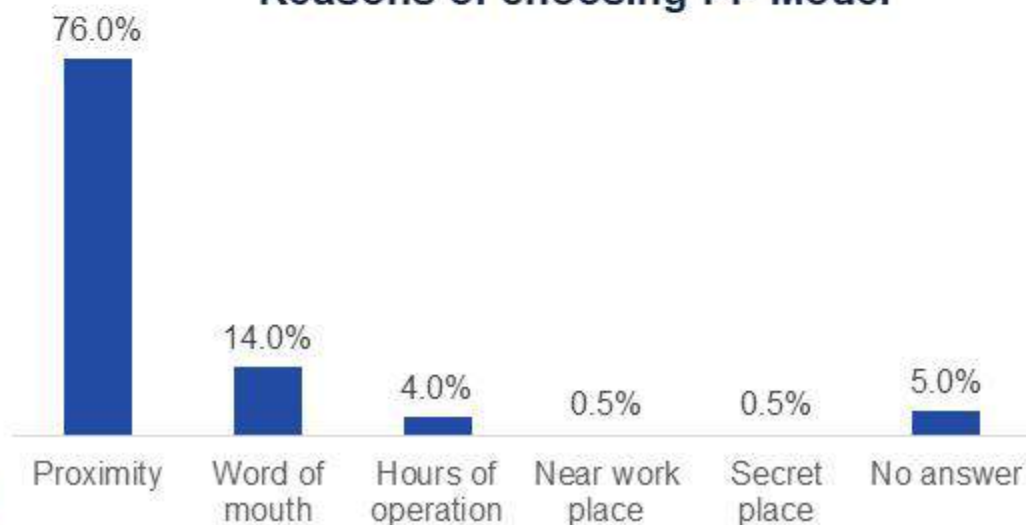
- ART refills
- Measurement of weight and blood pressure
- TB screening
- Adherence assessment and support
- ADR screening
- Reminder of next pick-ups, clinical consultation, and lab appointments



Trend of PLHIV enrolled on ART in pharmacies, FY21

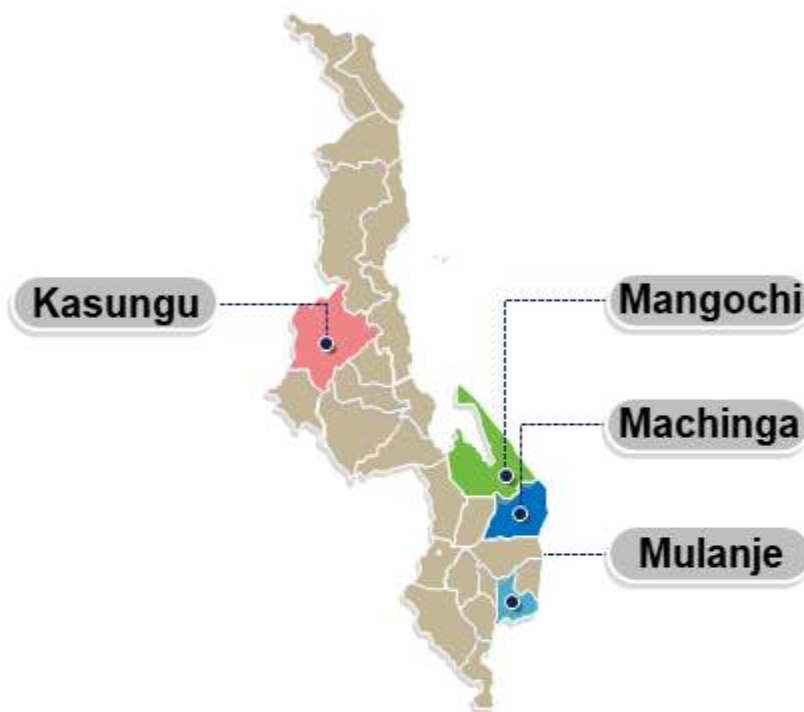


Reasons of choosing PP Model

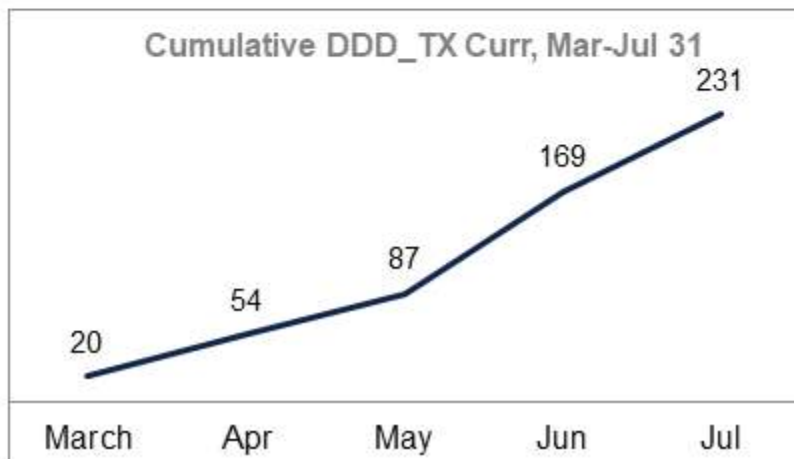


Model

- In this approach, clients enrolled in a public facility are devolved to a **private clinics** for ongoing care
- In **4 districts**: Kasungu, Mangochi, Machinga, Mulanje
- 23 health facilities** devolving clients
- 11 clinics** dispensing ARVs
- 300MK (30 US Cents) is paid by the client per refill



District	Male	Female	Total
Kasungu	25	54	79
Mangochi	25	34	59
Machinga	23	25	48
Mulanje	17	28	45
Grand total	90	141	231



Targeted Demand Creation

DDD providers talking about the model on local TV and community radio stations.



Targeted institutional demand-EpiC team talking to college employees



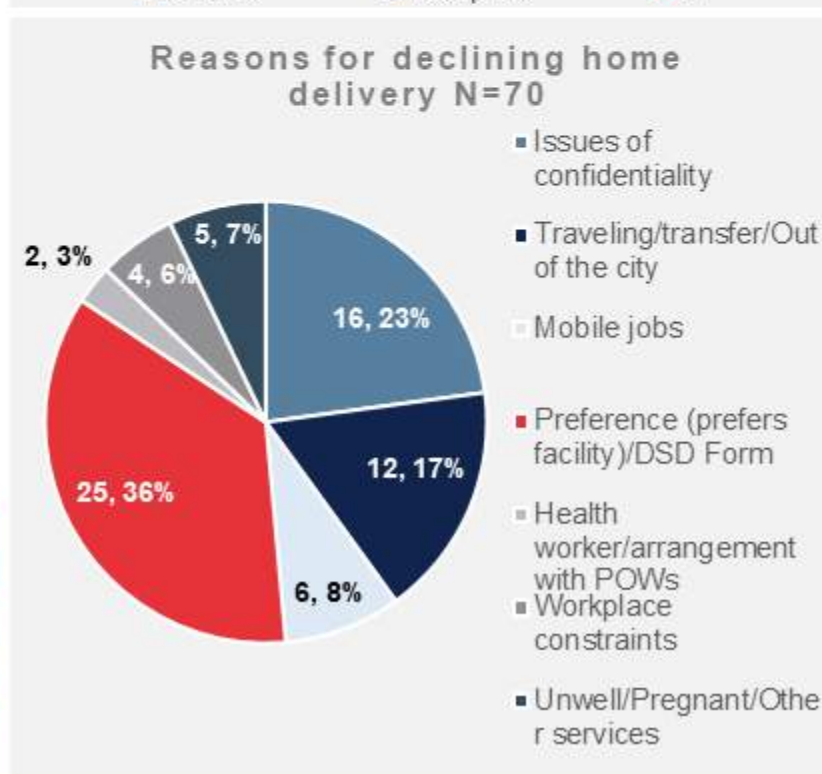
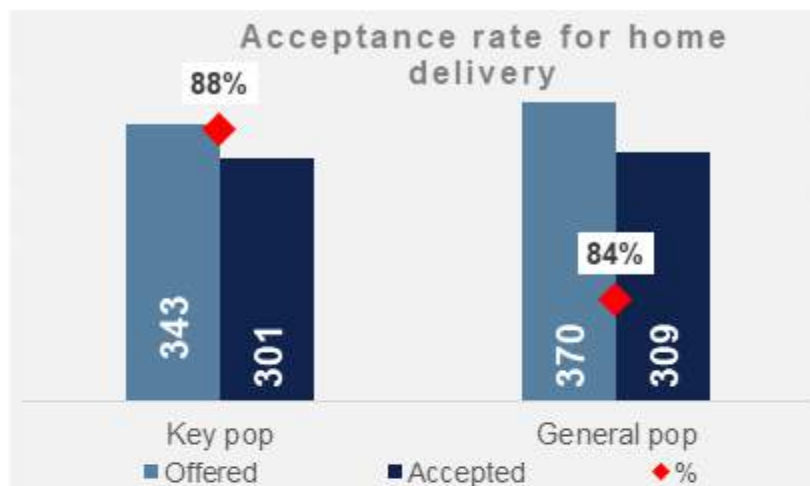
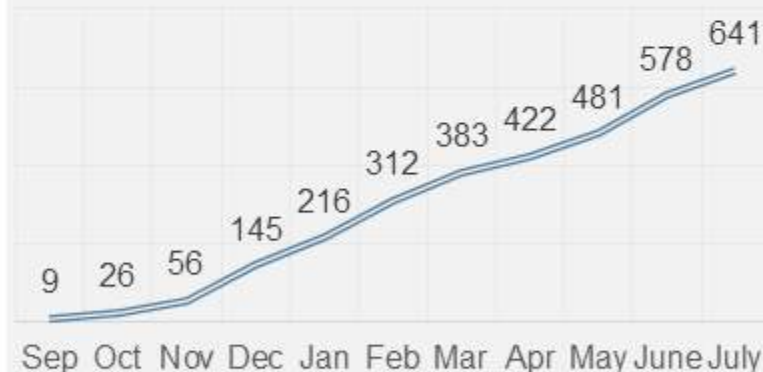
Expert Clients conducting group sessions to women on ART- DDD message dissemination



IEC materials at all DDD sites. Working on billboards on roadside and through social media in impact districts

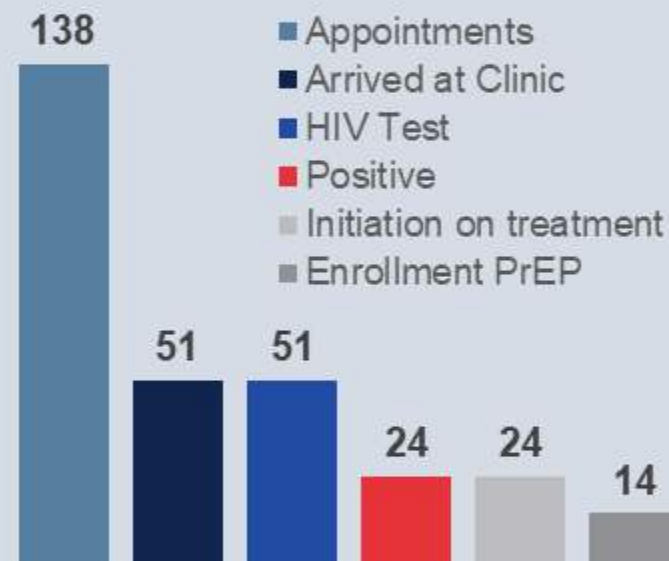


Cumulative monthly home deliveries



Private clinic model and online outreach

KPs go through the **KnowNow Website** and book for services at private or CBO-run clinics. The cascade follows those who booked online, arrived at the private clinics and received services



47% case finding rate

100% of those testing positive linked to ART
52% of those testing negative accepted PrEP



The simple way to access confidential STI and HIV services in Botswana

Decentralized drug distribution within private pharmacies and outreach

Outreach model (March 2021)

15 sites including 4 EpiC sites implementing the outreach model: a total of 52 peer navigators trained for ARV distribution

Private Pharmacy model (In progress)

7 sites (3 EpiC, 4 CDC supported) selected to implement the private pharmacy model
20 private pharmacies selected and engaged through MOUs

Continuous stakeholder engagement : PNLS, CDC IPs, CNOPCI, UNPPCI, RIP+, PLHIV

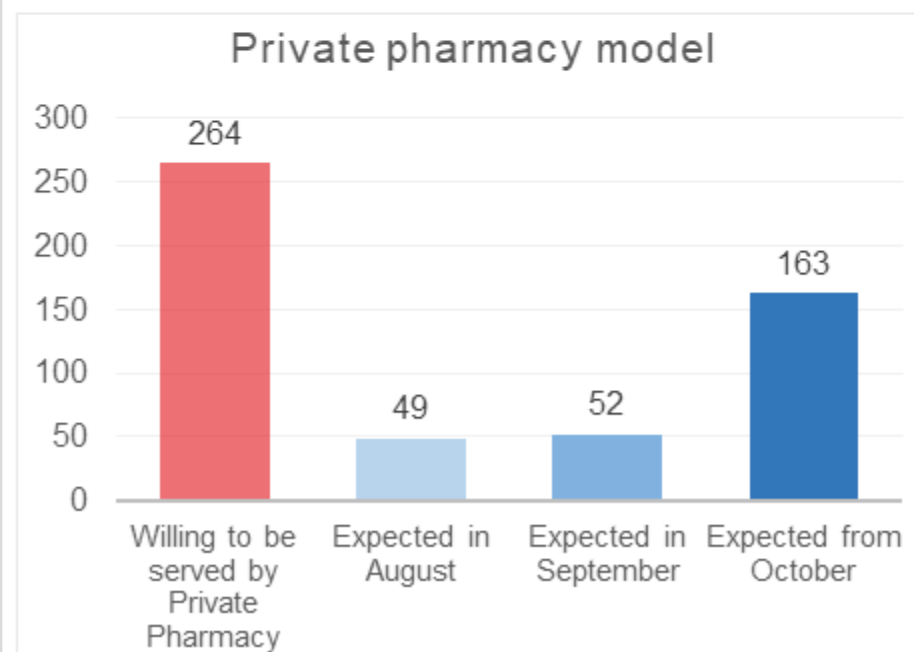
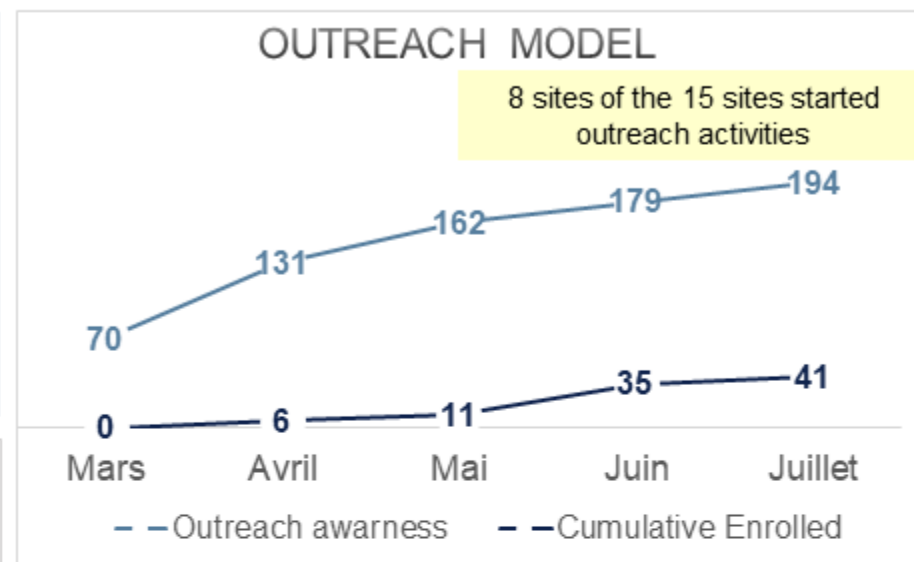
MoU: in process of signature with UNPPCI, EGPAF and ARIEL

Capacity building: Peer navigators trained on DDD models and tools (3 sessions), SOP for PP model, training modules developed and validated at national level. Pharmacy and health facility staff trained

Demand creation: PLHIV and health facility focus group discussions, Job-Aids developed for services providers,

Selection of private pharmacies: 20 selected private pharmacies are engaged and approved to implement activities

M&E : DDD App has been deployed and validations of all reporting tools at national level



PODI implementation:

The PODI model was adopted in 2016 and ARV distribution approved in 2020
PNLS 3-MMD scale-up plan developed in May 2020 in the context of COVID-19

EpiC support to increase PODIs and clients enrolled:

Stakeholder engagement (PNLS, PLHIV)
Baseline PODI landscape assessment
Training of PODI leaders and health facility staff
Adaptation of PODI data collection tools

**PODI enrollment by province, Oct 2020 – Apr 2021**

Province	# of PODIs established	# enrolled in PODIs	% clients established on ART enrolled
Bujumbura	28	461	35%
Bujumbura Mairie	132	2,164	15%
Bururi	22	150	14%
Muramvya	26	223	23%
Makamba	11	290	20%
Gitega	240	2,468	47%
Kirundo	98	1246	31%
Mwaro	17	141	19%
Rumonge	37	255	27%
Rutana	40	429	53%
Total	651	7,827	26%

Decentralized drug distribution through automated dispensing lockers and private pharmacies: BonoloMeds



4,754
prescreened
clients



Pick-up point disaggregation

Sankantana e-locker	137
Quali – Pro Pharmacy...	64
SNT Pharmacy	49
Quali – Pro (Ha Nelese)	31
Baylor Paediatric e-locker	27
Best Care Pharmacy	24
St. Joseph e-locker	21
Exceed Pharmacy	19
Pioneer Mall e-locker	16
Maseru Mall e-locker	14
Wamma Pharmacy	13
Medic Discount Pharmacy	12
Medicos Pharmacy	7
Ether Pharmacy	7
Maletsunyane Pharmacy	4
Family Health Pharmacy	3
Total Care Pharmacy	2
Machache Pharmacy	1

e-Locker, 215: Pharmacy, 236



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.



USAID
FROM THE AMERICAN PEOPLE

EpiC
Meeting Targets and
Maintaining Epidemic Control



KP-led DSD ART maintenance services in Thailand

Reshmie Ramautarsing, M.D., Ph.D.

Institute of HIV Research and Innovation

Bangkok, Thailand

when innovation meets implementation

Key Population-Led Health Services (KPLHS):

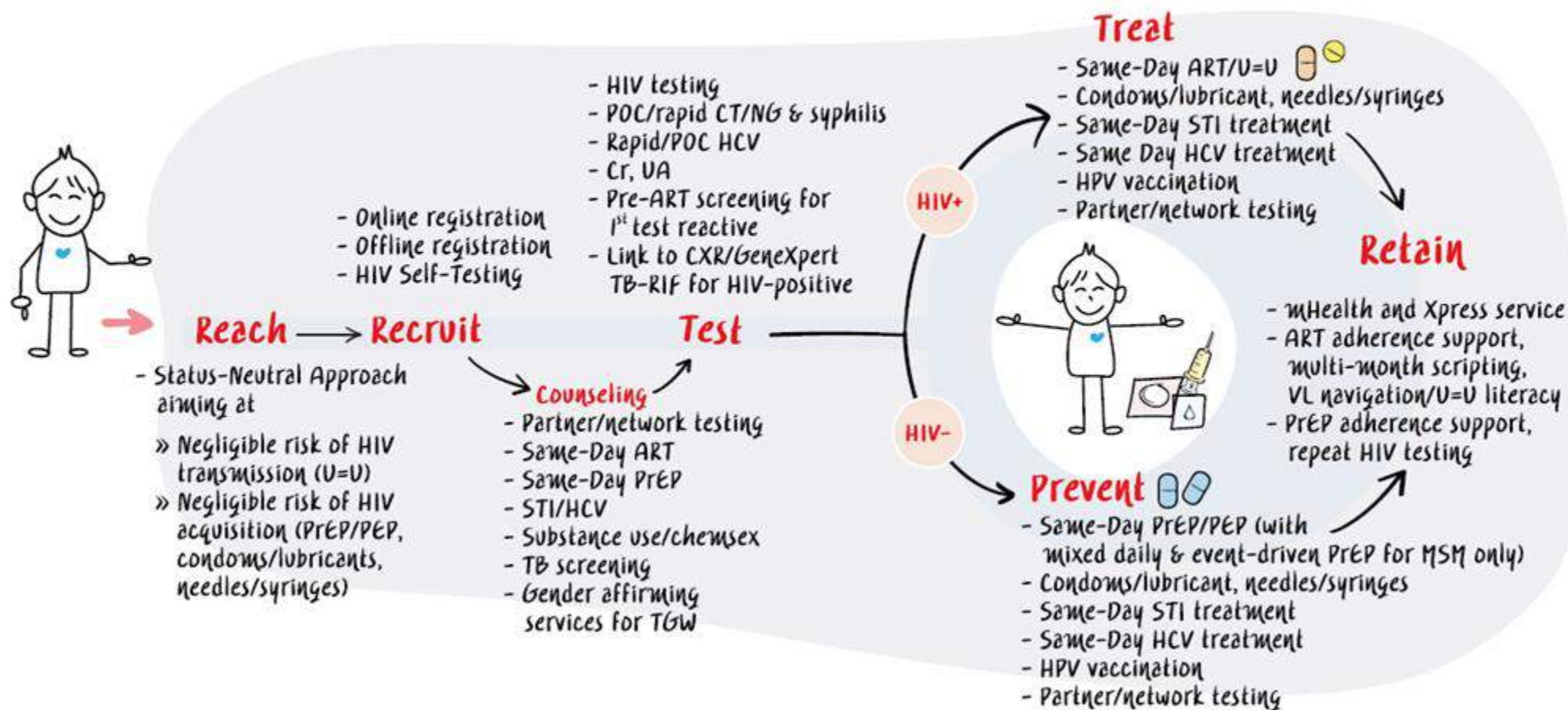
designed and co-delivered by KPs



- A defined **set of HIV-related health services**, focusing on specific key populations
- Services are identified by the community itself and are, therefore, **needs-based, demand-driven, and client-centered**
- Delivered by trained and qualified **lay providers**, who are often members of the key populations

Vannakit R, et al. JIAS 2020;23(6):e25535.
USAID LINKAGES project and USAID Community Partnership project

Differentiated Service Delivery across the HIV cascade through KPLHS



Key population-led health services (KPLHS): filling service gaps for key populations



ACCESSIBILITY

- Located in **hot spots**
- **Flexible service hours** suitable for KP's lifestyle
- **One-stop** service



AVAILABILITY

- **Needs-based** and **client-centered** services, such as hormone monitoring, STI, legal consultation, harm reduction



ACCEPTABILITY

- **Staff are members of KP communities** who truly understand KP's lifestyle
- Services are gender-oriented, and **free from stigma and discrimination**



QUALITY

- Staff are **trained and qualified** in accordance with national standards
- Strong **linkages** with and **high acceptance** from public health sectors



KPLHS has made a significant contribution to HIV testing, HIV diagnosis and PrEP services among key populations in Thailand

**HIV incidence
(by Mar 2017)**

MSM
6.19
PER 100 PY

TG
2.4
PER 100 PY

MSW in
Pattaya
11.69
PER 100 PY

TGSW in
Pattaya
4.06
PER 100 PY



55%

of MSM & TGW tested
for HIV nationwide in 2018

36%

of newly diagnosed HIV-positive
cases among MSM & TGW
nationwide in 2018

55%

of Thai PrEP users in 2018

received services at
10 community health centers
in 6 provinces

USAID LINKAGES project and Thai Red Cross AIDS Research Centre, December 2018.

GOVERNMENT ENDORSEMENT AND COMMITMENT ON KPLHS

Domestic financing directly to CBOs, with linkage to affiliated hospitals (MOU), based on lay providers trained/certified and CBOs accredited

Community and KPLHS MOPH regulation endorsed by Medical Council, Pharmacy Council and Medical Technology Council and signed by the Minister

KPLHS training modules and KP lay providers certification endorsed by MOPH



Vannakit R, et al. JIAS 2020 23:e25535.



ระเบียบกระทรวงสาธารณสุข

ว่าด้วยบุคคลซึ่งกระทรวง ทบวง กรม เทศบาล องค์การบริหารส่วนจังหวัด องค์การบริหารส่วนตำบล กรุงเทพมหานคร เมืองพัทยา องค์การปกครองส่วนท้องถิ่นรูปแบบพิเศษอื่นตามที่มีกฎหมายกำหนด หรือสภาวิชาชีพไทย มอบหมายให้ประกอบวิชาชีพเทคนิคการแพทย์

ในความควบคุมของเจ้าหน้าที่ซึ่งเป็นผู้ประกอบวิชาชีพเทคนิคการแพทย์หรือผู้ประกอบวิชาชีพเวชกรรม (ฉบับที่ ๓) พ.ศ. ๒๕๖๒

ข้อ ๖ บุคคลซึ่งได้รับมอบหมายตามข้อ ๔ ถ้าเป็นเจ้าหน้าที่ ให้ทำการประกอบวิชาชีพเวชกรรมได้เฉพาะในกรณีการปฏิบัติราชการหรืออยู่ระหว่างปฏิบัติราชการตามหน้าที่เท่านั้น

ข้อ ๗ บุคคลซึ่งได้รับมอบหมายตามข้อ ๔ สามารถประกอบวิชาชีพเวชกรรมได้ เฉพาะกรณีดังต่อไปนี้

(๑) การบริการด้านเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน ดังนี้

(๑.๑) การให้บริการปรึกษาหารือก่อนหรือหลังการตรวจ และบริการปรึกษาทางการแพทย์ที่เกี่ยวข้อง

(๑.๒) การเก็บตัวอย่างส่งตรวจ เพื่อหาการติดเชื้อ

(๑.๓) การเจาะโลหิตจากปลายนิ้ว เพื่อตรวจคัดกรองการติดเชื้อ

(๑.๔) การตรวจหาการติดเชื้อโดยชุดตรวจแบบง่ายและรวดเร็ว

(๑.๕) การอ่านผลและรายงานผลตาม (๑.๒) (๑.๓) และ (๑.๔)

(๒) การส่งต่อเพื่อตรวจวินิจฉัย และเข้าสู่ระบบการดูแลรักษา

(๓) การอื่นๆ ดังนี้

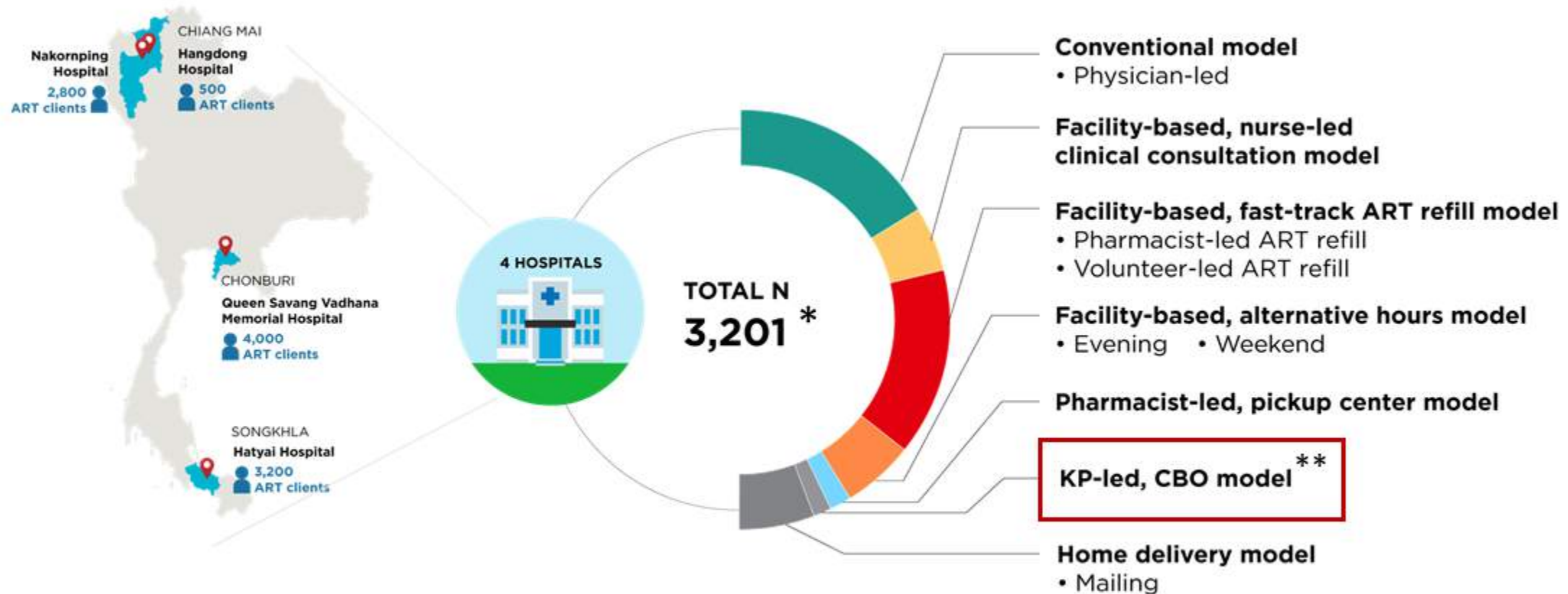
(๓.๑) ยาสามัญประจำบ้านตามกฎหมายว่าด้วยยา เพื่อรักษาอาการเบื้องต้นที่เกี่ยวข้องกับเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน

(๓.๒) ยาที่ผู้ประกอบวิชาชีพเวชกรรมสั่งจ่ายให้แก่ผู้รับบริการเฉพาะราย หรือเฉพาะคราวที่เกี่ยวข้องกับเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน

Clinical roles of KP lay providers, 2019 MOPH Regulations:

- Provide services related to HIV, syphilis, gonorrhea, chlamydia or other STIs
 - Pre- and post-test counseling
 - Specimen collection to test for infection(s)
 - Finger prick blood collection for screening test
 - Reading and reporting of test results
- Referral for diagnostic test and link to care
- Give drugs, as prescribed by health professionals, to treat and prevent HIV, syphilis, gonorrhea, chlamydia or other STIs (or primary symptoms related to these conditions)

DSD models available in Thailand



*Observational study documenting DSD models in Thailand
Thai citizen, age at least 18, on ART for at least 6 months

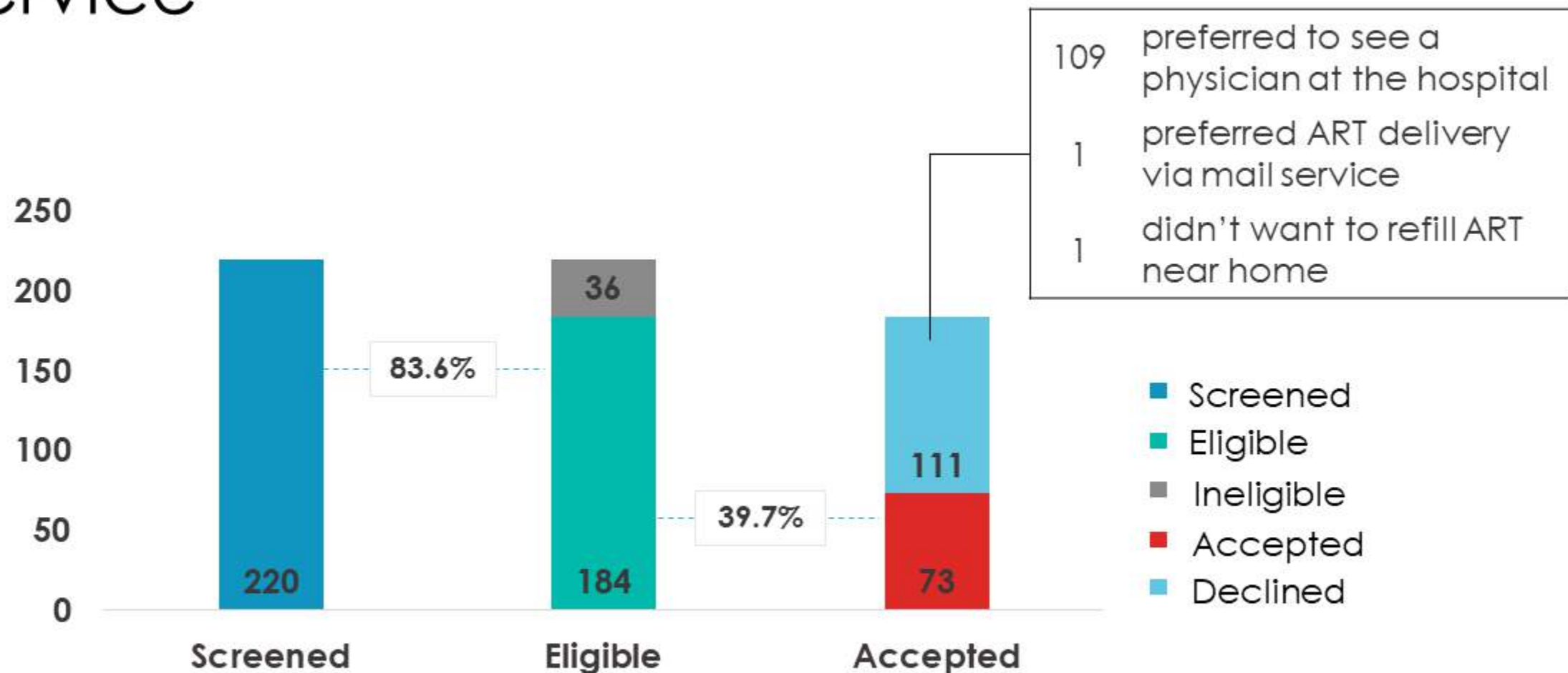
** CBO: Community Based Organization

KP-led DSD-ART in community-based organizations (CBOs)



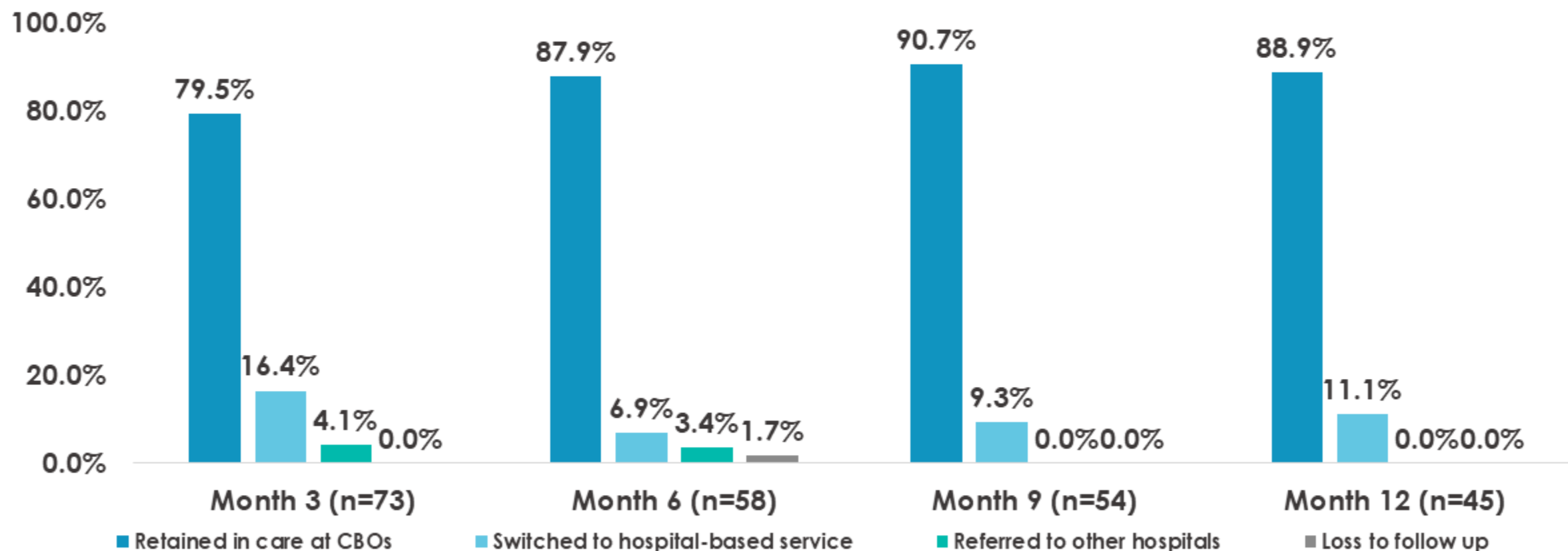
	KP-LED CBO			
WHAT	Clinical consultation	Antiretroviral therapy refill	Psychosocial support	Viral load testing
WHEN	12 Monthly/limited	3 Monthly		12 Monthly
WHERE	Hospital	CBO only/CBO alternating with hospital		
WHO	Physician/Nurse	CBO staff only/ CBO staff alternating with pharm.	CBO staff only/ CBO staff alternating with nurse	Medical technologist
Implementing hospital(s)	Hatyai Hospital, Nakornping Hospital, Hangdong Hospital			

Acceptability of KP-led ART maintenance service



Screened from February 2019 – February 2020

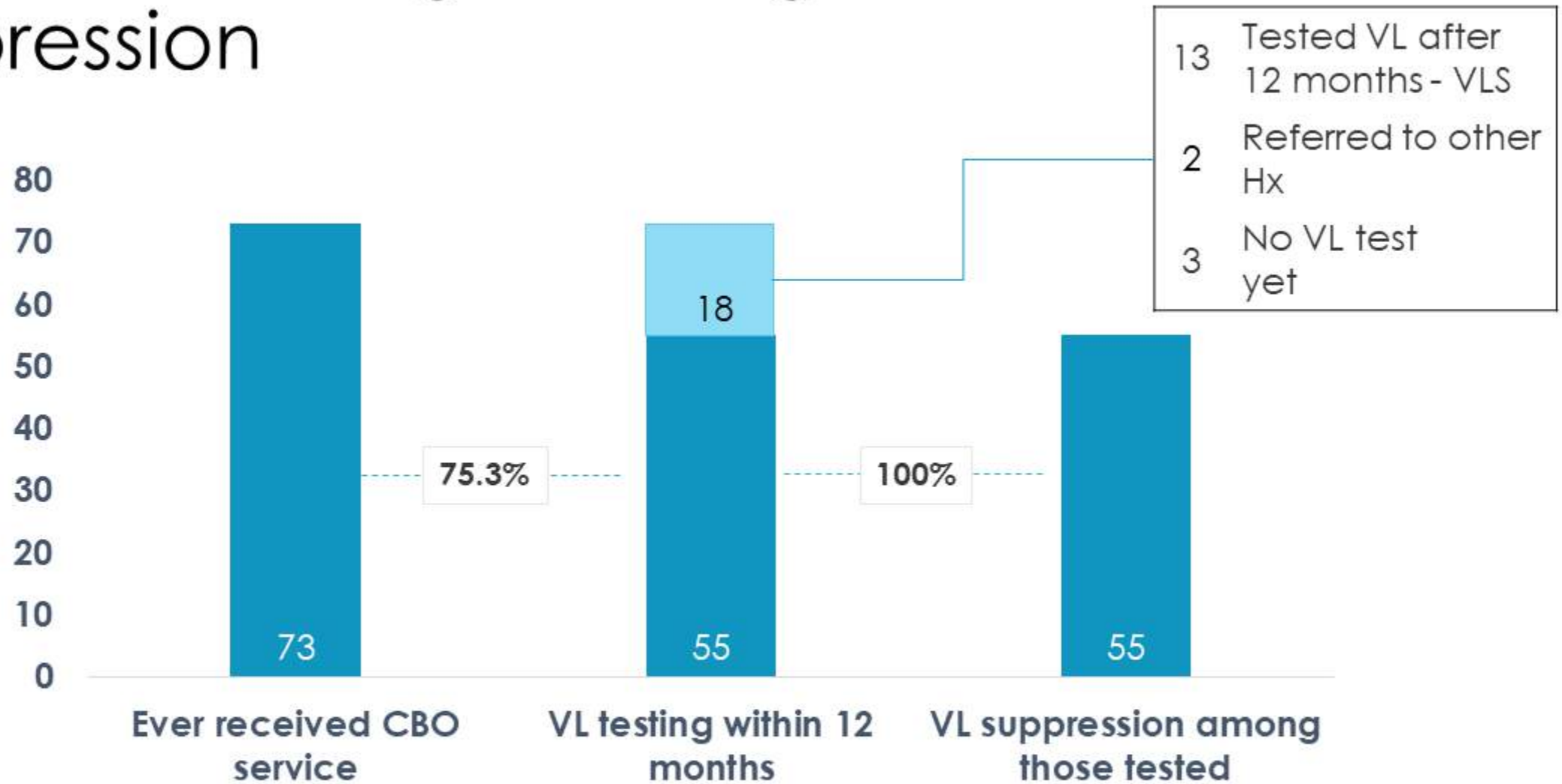
Retention in Care at Months 3, 6, 9, and 12



No death and ART discontinuation

Followed up until February 2021

Viral load testing coverage and suppression

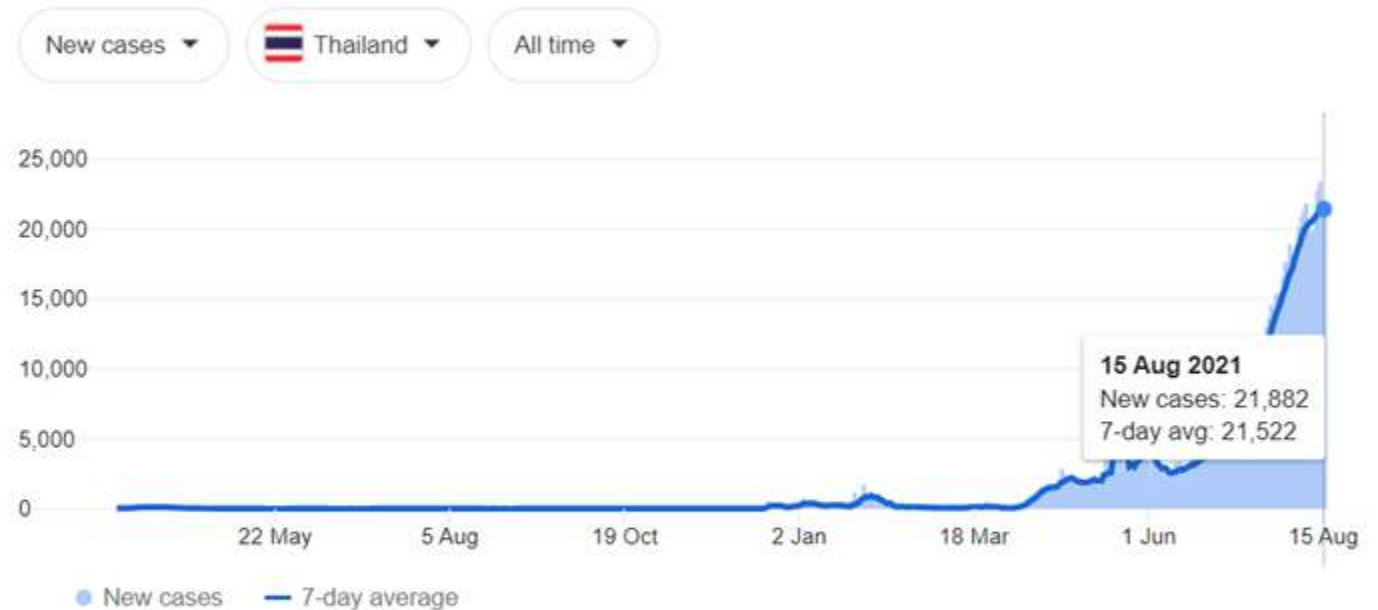


Current COVID-19 situation in Thailand

Statistics

↗ New cases and deaths

From [JHU CSSE COVID-19 Data](#) · Last updated: 1 day ago



Each day shows new cases reported since the previous day · [About this data](#)

KP-LED DSD-ART in CBOs: COVID-19 adaptations



	KP-LED CBO			
WHAT	Clinical consultation	Antiretroviral therapy refill	Psychosocial support	Viral load testing
WHEN	12 Monthly/limited	3 Monthly		12 Monthly
WHERE	Hospital	Mailing/telehealth	CBO	CBO/Hx
WHO	Physician/Nurse	CBO staff only/ CBO staff alternating with pharm.	CBO staff only/ CBO staff alternating with nurse	Medical technologist
Implementing hospital(s)	Hatyai Hospital, Nakornping Hospital, Hangdong Hospital			

Conclusions

- Service delivery through KPLHS is effective, feasible and sustainable
- KP-led DSD for HIV treatment is another ART maintenance option for people living with HIV, in addition to hospital-based services, with COVID-19 adaptations easily integrated
- Allowing people living with HIV to choose the ART maintenance service that suits their needs and lifestyle can lead to high retention and viral suppression rates
- This work demonstrates successful task shifting to trained KP lay providers to care for their community.





Eswatini's DSD ART models and innovations in the context of the Covid19 pandemic

By Dr. Nicholas Kisyeri, DSD Technical Advisor-ENAP, Ministry of Health, Eswatini

Session 16: Differentiated service delivery for HIV treatment (DSD ART) and the new WHO service delivery guidelines in the context of the Covid-19 pandemic

Thursday, August 19, 2021 7:00-8:30 EST | 13:00-14:30 CAT | 14:00-15:30 EAT | 18:00-19:30 ICT



Outline



- Country profile and COVID19 status
- Background information & Policy of DSD in Eswatini
- Adaptations to DSD for HIV in response to COVID-19
- Overview of Implementation of DDD (CHCD also called CCD)
- Services and DSD ART models offered through the EpiC DDD Activity
- Actions on the key WHO recommendations
- DDD Lessons Learnt key challenges and Next steps



Country Profile & COVID 19 status



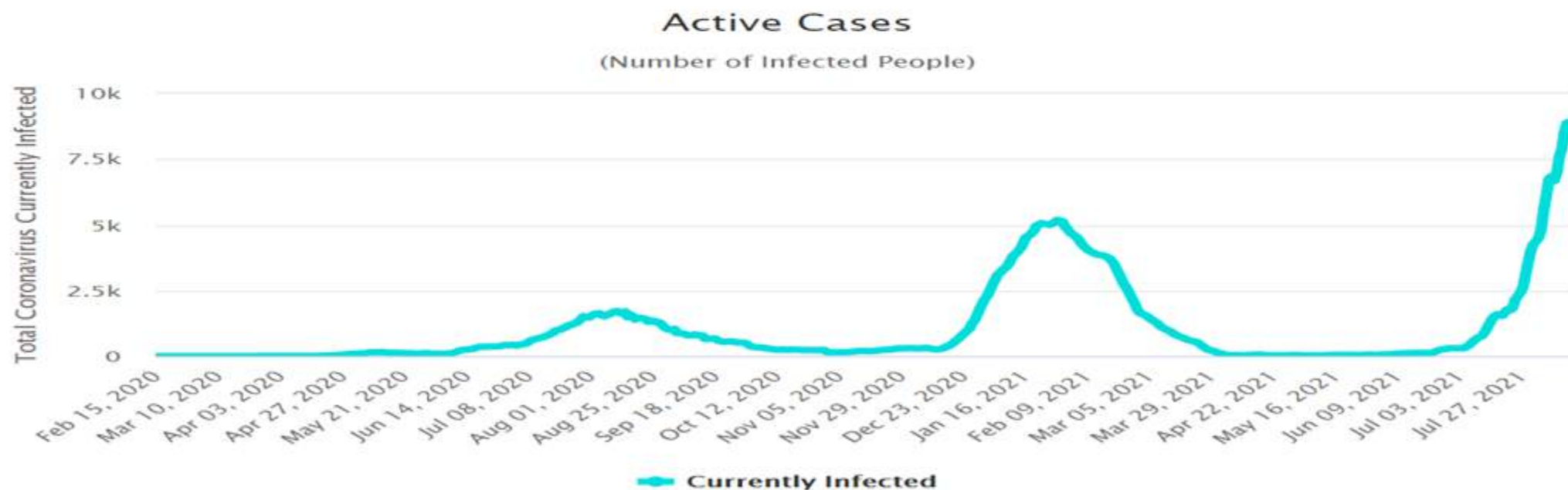
Total Population: 1,093,238 (Eswatini Census Report 2017)

HIV Prevalence 15 – 49 years of age is 27% (UNAIDS 2020)

Total PLHIV 208,848, On ART 191,782 (MOH, 2019)

90 90 90 Country Score Card: 98 98 97 (UNAIDS 2020)

The aggregate density of doctors, nurses, and midwives stands at 1.64 per 1,000 of population (WHO, 2018)



Coronavirus Cases: 36,008. Deaths: 934. Recovered: 26,423

Source: <https://www.worldometers.info/coronavirus/> Aug 16, 2021

Getting to Zero (Time to act now)....



Background Information & Policy on DSD



Ministry of Health

National Policy Guidelines For
Community-Centred Models of ART
Service Delivery (CommART)
in Swaziland

SWAZILAND NATIONAL AIDS PROGRAMME (SNAP)

DIFFERENTIATED CARE FOR HIV CLIENTS IN SWAZILAND
(JUNE 2018)

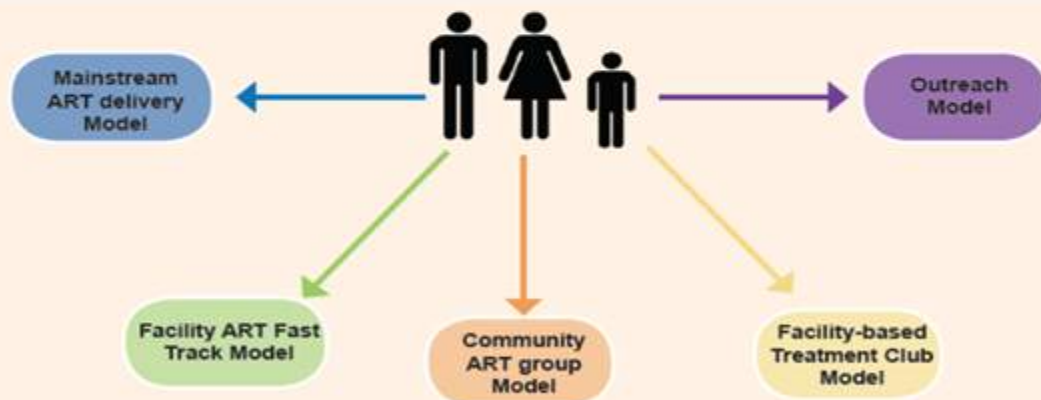


Stable adult client: An adult client is regarded as stable and qualifying for DSD if the following are fulfilled:

- aged 18 years or older
- on ART for 12 months or longer
- **undetectable** viral load (two consecutive viral load measurements are undetectable with the latest one taken within 6 months of eligibility date)

or, in the absence of viral load monitoring, client has a rising CD4 cell count or a CD4 cell count above 350 cells/mm³

- does not have current TB, no concurrent OIs or any adverse drug effects
- not pregnant
- no other medical condition requiring more frequent clinical consultations, and
- has at least two ART visits at the facility.



Models of ART delivery. PLHIV on treatment may choose any model of ART delivery and are free to switch from model to model for as long as they are eligible for the model of delivery.

Less frequent clinic visits (six-monthly)

Less frequent medication pick-up (Three-monthly)



Adaptations to DSD for HIV in response to COVID-19



- DDD renamed in Eswatini as *Community Health Commodities Distribution (CHCD)* or *Community Commodity Distribution (CCD)* and launched in March 2020 as an emergency response to COVID-19.
- It is an additional to the existing ART DSD model and it is for community fixed and non-fixed pick-up points.
- **Eligible:** ART stable clients (VL<1,000) and patients on other selected medications
- **Venue:** community sites
- **Mapping:** community pick up points (PUP) are mapped based on distance between clients' residence and the "Mother-Baby" public health facility

MEMORANDUM

FROM: DIRECTOR OF HEALTH SERVICES

TO: ALL PUBLIC AND PRIVATE FACILITIES PROVIDING CHRONIC CARE SERVICES

THROUGH: ALL REGIONAL PRINCIPAL HEALTH ADMINISTRATORS AND REGIONAL MATRONS

THROUGH: THE DIRECTORATE

DATE: 22 APRIL 2020

RE: GUIDANCE ON PROVISION OF CHRONIC CARE DURING THE COVID-19 PANDEMIC

This memo serves as a guide on how to manage clients with chronic conditions during the covid-19 pandemic.

HIV care and treatment

Expanding eligibility

Extending the duration of ART refills and prescriptions

New out-of-facility/community based models

Integrating/aligning ART refills with other preventive and chronic medications

Getting to Zero (Time to act now).....



Overview of Implementation of DDD / Community Health Commodities Distribution (CHCD)



IP	Activity	Region
EGPAF	<ul style="list-style-type: none"> Drugs distribution Coordination of all IPs 	Hhohho, Shiselweni
TLC & PSI	Drugs distribution	All 4 Regions
Pact	Drugs distribution	Hhohho, Shiselweni
FHI360	Drugs distribution	Hhohho Shiselweni
URC → Georgetown University	Drugs distribution	Lubombo
ICAP → Georgetown University	Drugs distribution	Manzini
HC4	Community engagement	-
FEI Systems	M&E support	-
PSM	Supply chain management	-



- Service delivery:** offered through IPs and dedicated DDD/CHCD/CCD nurses; the DDD/CHCD/CCD service is linked to a “Mother-Baby” public health facility accountable for the service
- Type of services:** Antiretroviral (ART) and Pre-Exposure prophylaxis (PrEP), Family Planning (FP), Tuberculosis (TB), Non-Communicable Diseases (NCD); selected Lab test



DSD ART models offered through the EpiC DDD Activity / CHCD/CCD



ART and PrEP



Family Planning (FP)

- Condom
- Pill
- Injectable



TB Preventive Therapy (TPT) and TB Therapy



Non-communicable diseases (NCD)

- Hypertension:
- Diabetes:



- ☐ Vital signs check: Blood pressure, Temperature, Body weight
- ☐ COVID-TB screening
- ☐ STI screening
- ☐ Glucose test
- ☐ HIV test
- ☐ VL test
- ☐ Biochemistry tests and CD4
- ☐ Curative services: treatment of minor illnesses, eg. headache, skin infection, etc.
- ☐ Nutritional Support: plumpy nut
- ☐ Distribution of the medications
- ☐ Adherence assessment through pill count
- ☐ Referral to the health facility

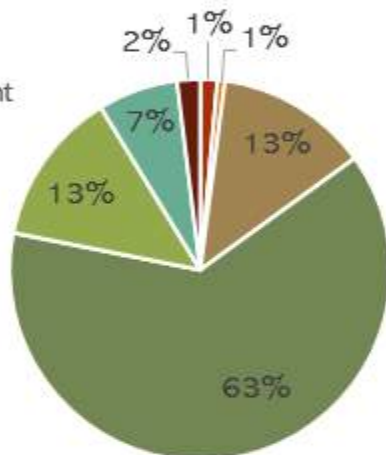
Getting to Zero (Time to act now).....



DSD ART Models Implemented

Proportion of Clients seen Jan – Mar 21

- Community ART Group
- Facility Based Treatment Clubs
- Fast Track
- Main stream
- No model documented
- Outreach
- Teen Clubs

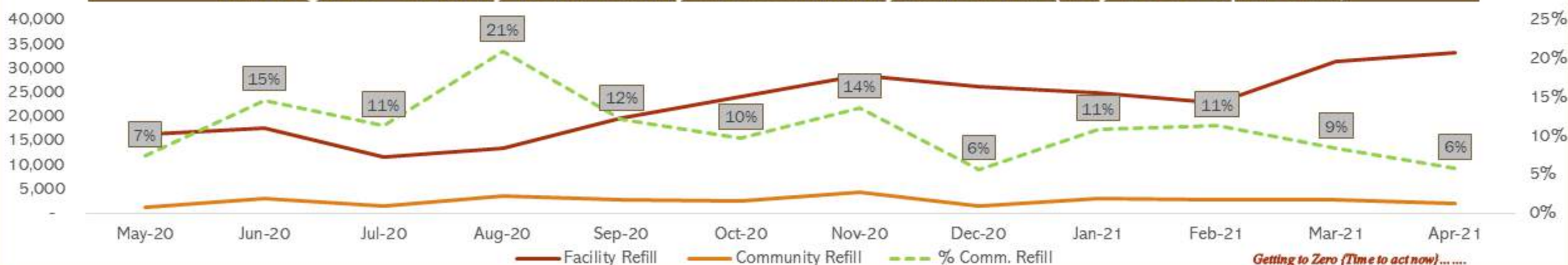


Multi-Months Drug Dispensing Jan – Mar 21



- Many clients prefer to go to facilities
- About 50% of clients got 6MMD refills between Jan – Mar 2021
- The proportion of community refills ranges from 6% to 21% for the past one year.

Two regions - Monthly Trend Facility and Community ART Refills (May 2020–Apr 2021)





The building blocks of HIV/NCD DSD



	NCD Diagnosis	Initiation NCD medication	Titration of NCD medication	Maintenance (refill) NCD medication
WHEN	At ART initiation / Clinical visit	At ART initiation / Clinical visit	Booked monthly visits until NCD is controlled	Same time as ART Refill duration of NCD and ART should be aligned Aim 3 monthly
WHERE	Mainstream	Mainstream	Mainstream	Mainstream / Outreach / CHCD
WHO	Same healthcare worker as ART (ART Nurse) / doctor	Same healthcare worker as ART (ART Nurse) / doctor	Same healthcare worker as ART (ART Nurse) / doctor	Same healthcare worker as ART (ART Nurse)
WHAT	Correct measurement of NCD parameters	Correct selection of initial NCD medication according to the guideline	Correct titration of initial NCD medication according to the guideline	NCD and ART refills



Actions on the key WHO Recommendations



New WHO Recommendations	Current Guideline in Eswatini	Actions
Established on ART after receiving ART for at least 6 months, at least 1 suppressed viral load result within the past 6 months (if viral load is not available: CD4 count >200 and 350 for <5 years cells/mm ³)	Stable ART client , on ART for 12 months or longer, undetectable viral load (2 consecutive viral load measurements are undetectable with the latest one taken within 6 months of eligibility date), client has a rising CD4 cell count or a CD4 cell count above 350 cells/mm ³	The New ART Guideline for 2021 under review The New DSD policy guideline awaits for the ART guideline adaptations.
Sexual and reproductive health services, including contraception, may be integrated within HIV services	Integration recommended in the guidelines	DSD action plan developed by SRHU – post CQUIN MCH workshop MNCH section incorporated in the draft of the new DSD Policy document
Diabetes and hypertension care may be integrated with HIV services	Recommended in the 2020 memo to refer clients to primary care level.	NCD: Draft of SOP at final stages CQUIN network: Started virtual learning with DSD team from other countries
Multi Months Script / 3 – 6 clinic visits & ART Refills	Recommended in 2020 memo and ongoing	85% Jan – Mar got 3 – 6MMD



DDD/ CHCD/CCD Lessons Learnt & Key Challenges

☐ What worked

- Rapid roll out during COVID
- Reduce risk of COVID transmission when accessing health facilities
- Increase access to commodities during COVID-driven lockdown
- Decongest facilities
- Integrated model of care
- Increase service coverage
- Distribution of HIV ST during COVID-19 when HTS services were suspended

☐ Key Challenges

- Service package is not standardized; eg. some PUP do not offer glucose test or hypertension meds
- Limited Lab coverage at PUP
- Supply Chain management; eg. medications shortage
- M&E system is not standardized yet
- Tighter and stretched budgets to sustain DDD/CHCD/CCD



Next steps



- ☐ Sustain CHCD/CCD and 6 MMD
- ☐ To scale up of DSD models for HIV/NCDs integration
- ☐ AHD integration and improve AHD Dashboard
- ☐ Finalize the review of DSD Guidelines and SOPs
- ☐ Explore more learning opportunities from the CQUIN network.
 - ☐ HIV/NCD integration
 - ☐ Private Pharmacy models
 - ☐ DSD in MCH
- ☐ CQUIN - DSD for Key Populations workshop – to develop action plan

Thank you with support from:



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GEORGETOWN UNIVERSITY
Center for Global Health Practice and Impact



ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION



Session 16: Panel discussion

.....



Anna Grimsrud

Lead Technical Advisor
IAS

.....

Facilitator



**Clarice
Pinto**

IDSD ART models
focal point, WHO



**Reshmie
Ramautarsing**

Implementation Science
Director, IHRI



**Moses
Bateganya**

Technical Director,
EpiC



**Nicholas
Kisyeri**

DSD Technical
Advisor, ENAP, MOH



**Advocate
Dlamini**

National ART
Coordinator, ENAP, MOH



**Wame
Jallow**

International Treatment
Preparedness Coalition (ITPC)

Upcoming Session

Exploring how private sector laboratories can support closing of viral load gaps

Thursday, October 14, 2021

7:00 AM-8:30 AM ETD | 13:00-14:30 EAT

[Register here](#)

