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Supporting reengagement

What's new in DSD for HIV treatment: from WHO recommendations to reality

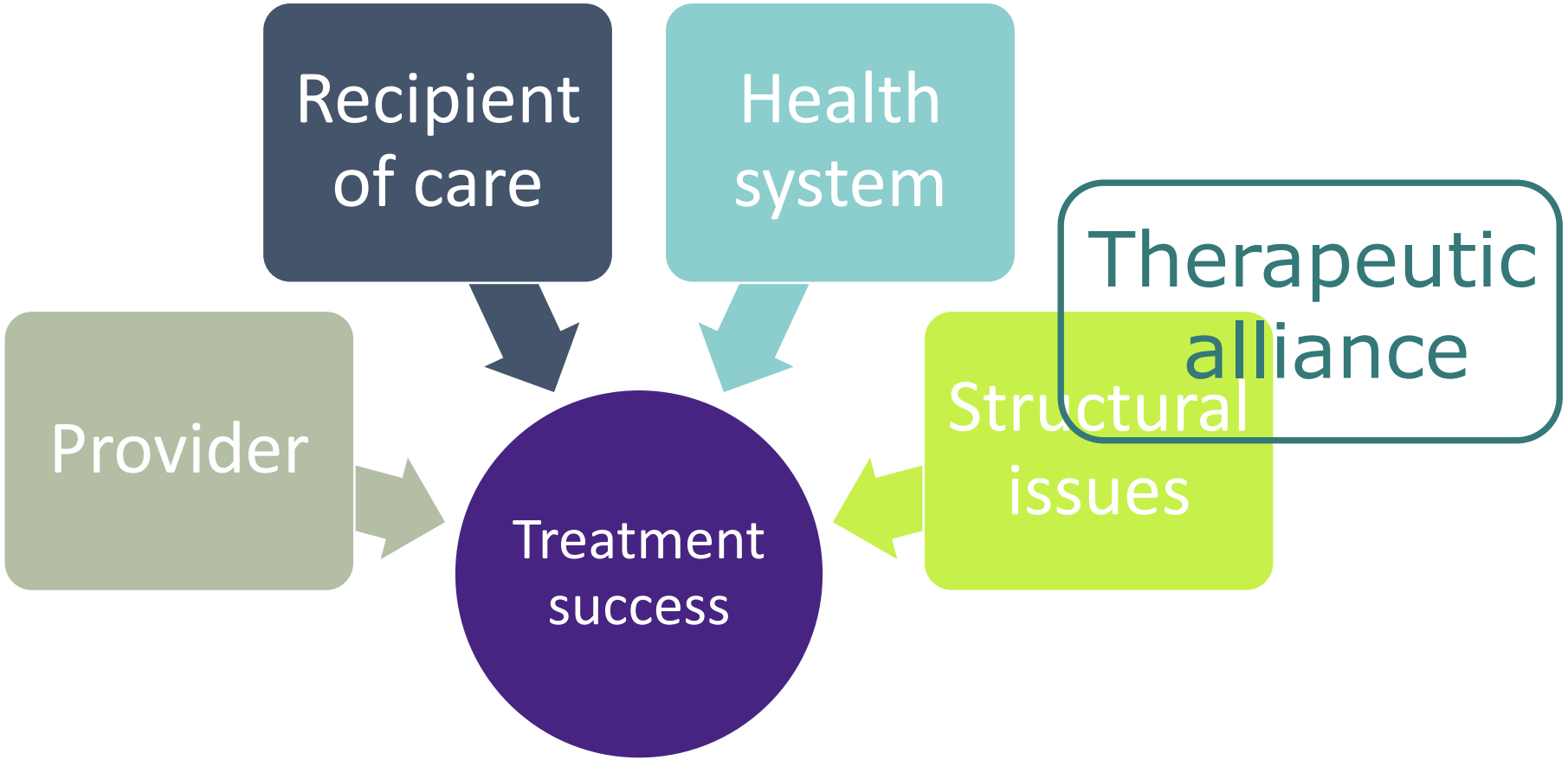
Katy Godfrey, for the interagency task team

Office of the Global AIDS Coordinator

Reimagining treatment continuity

- Emphasis on shared goals
- Churn, normalizing hiccups
- Analyzing PEPFAR data to find places to intervene
- Context matters!

Shared goals



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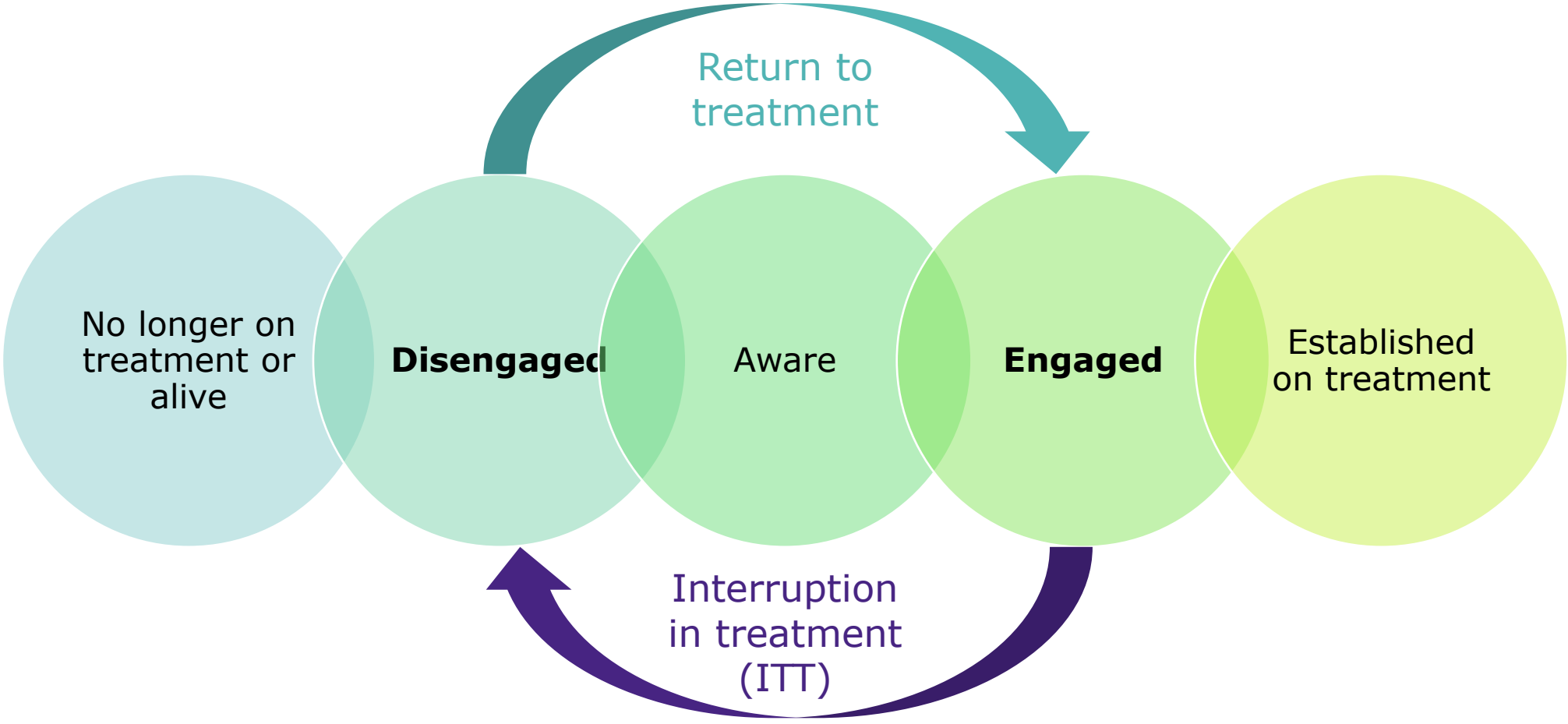
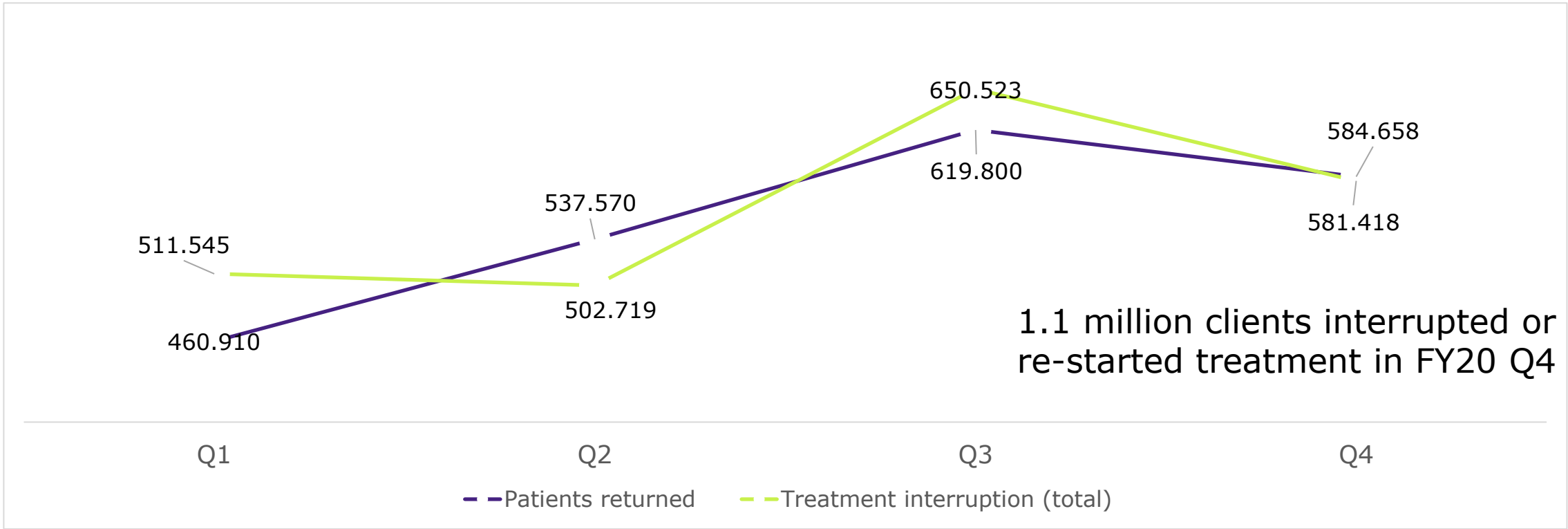
Churn: engagement and reengagement



Churn is common



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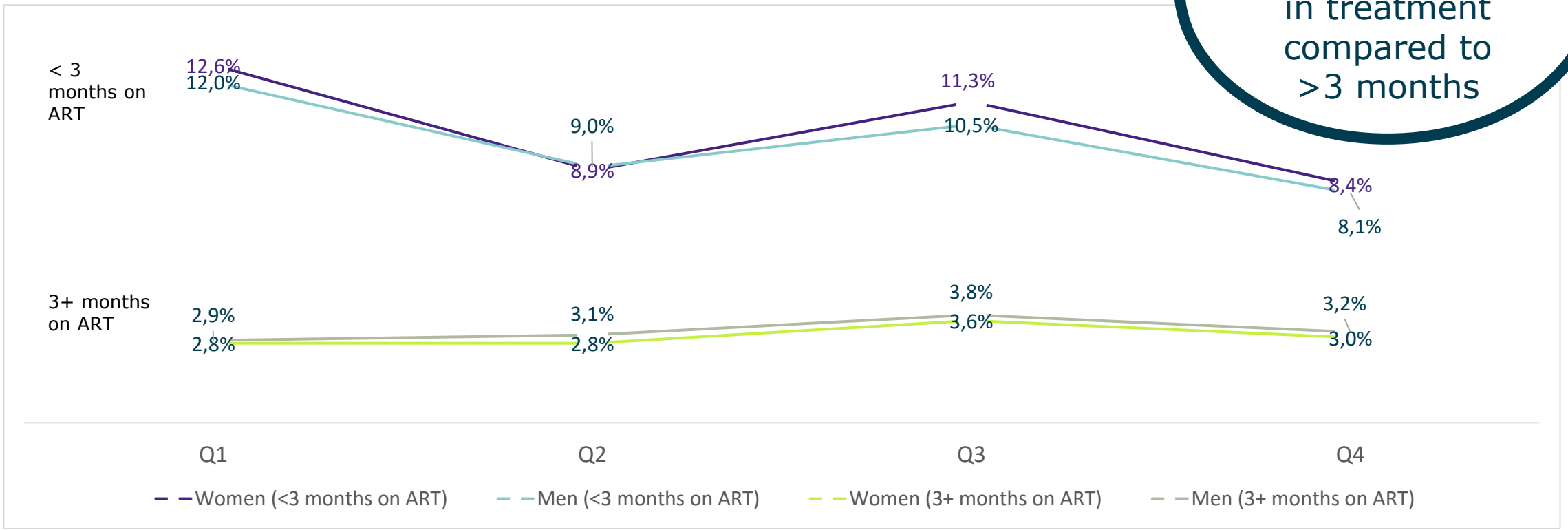
Interruptions occur early

Interruptions are 2-4 times as likely early in treatment compared to >3 months



Source: DATIM, OU by IM

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Who has treatment interruptions?

PEPFAR Global

Number of Interruptions to Treatment, by age/sex

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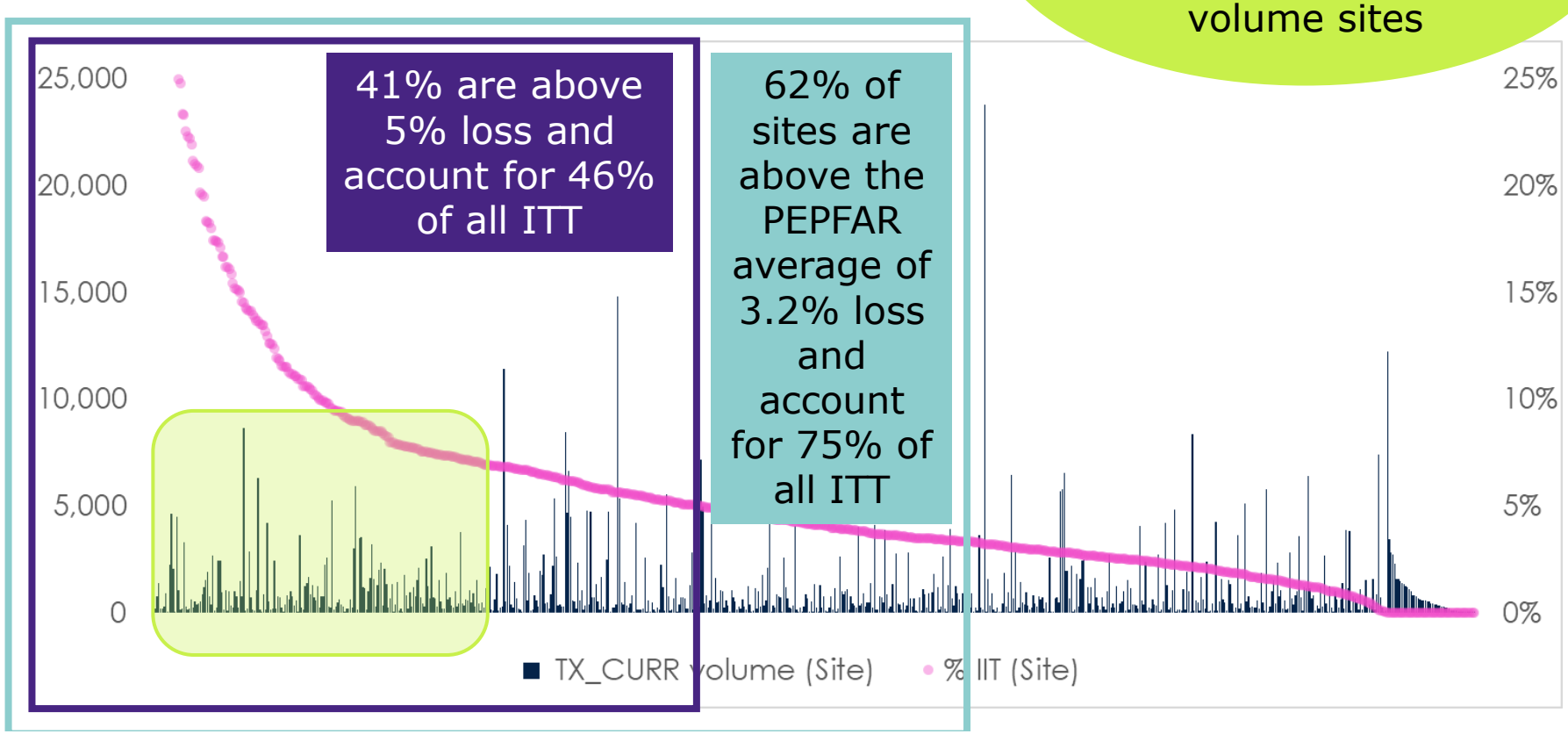
18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

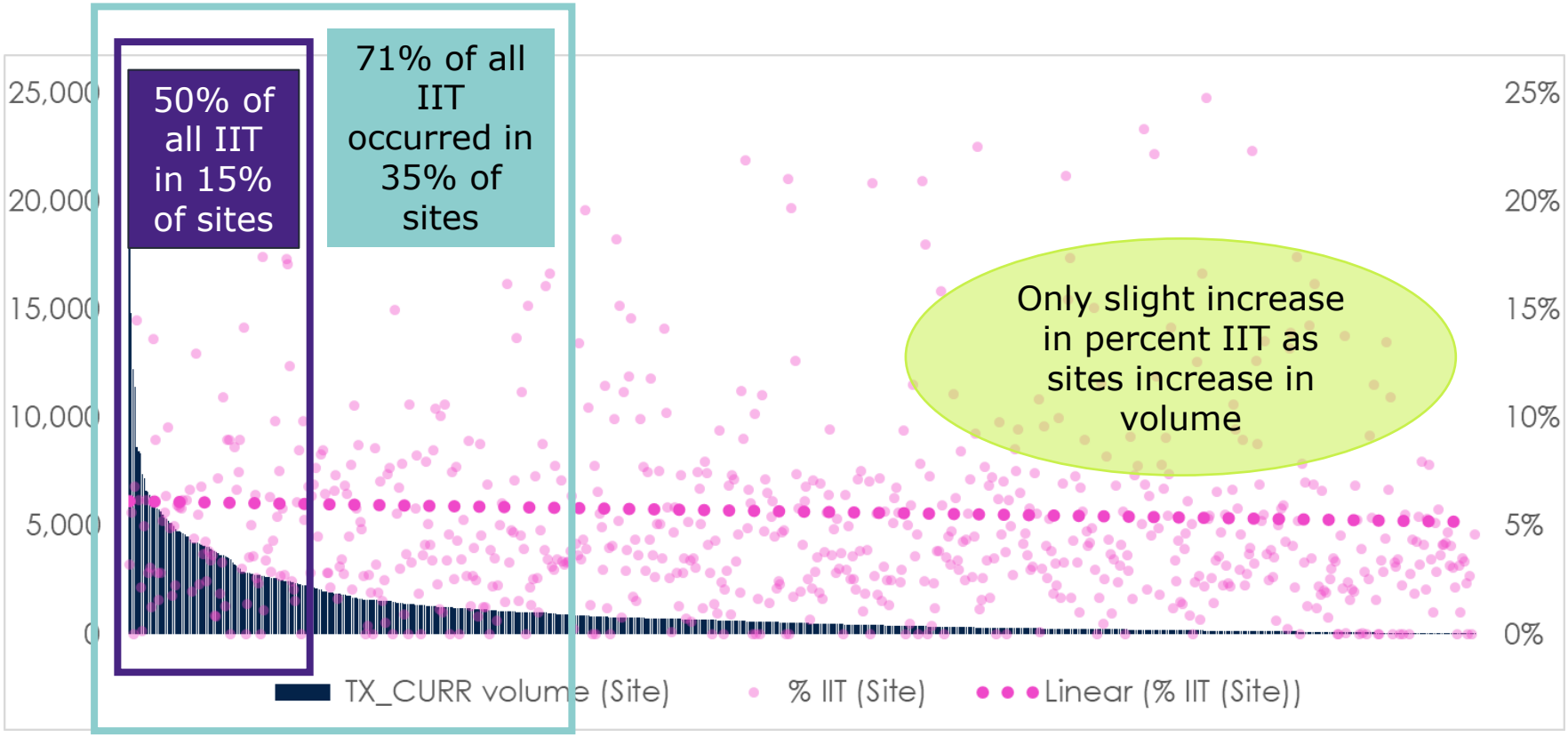
What else can we look at?

Site factors

But the sites with the greatest percent IIT will not necessarily reflect the highest volume sites



Interruptions in treatment by site volume



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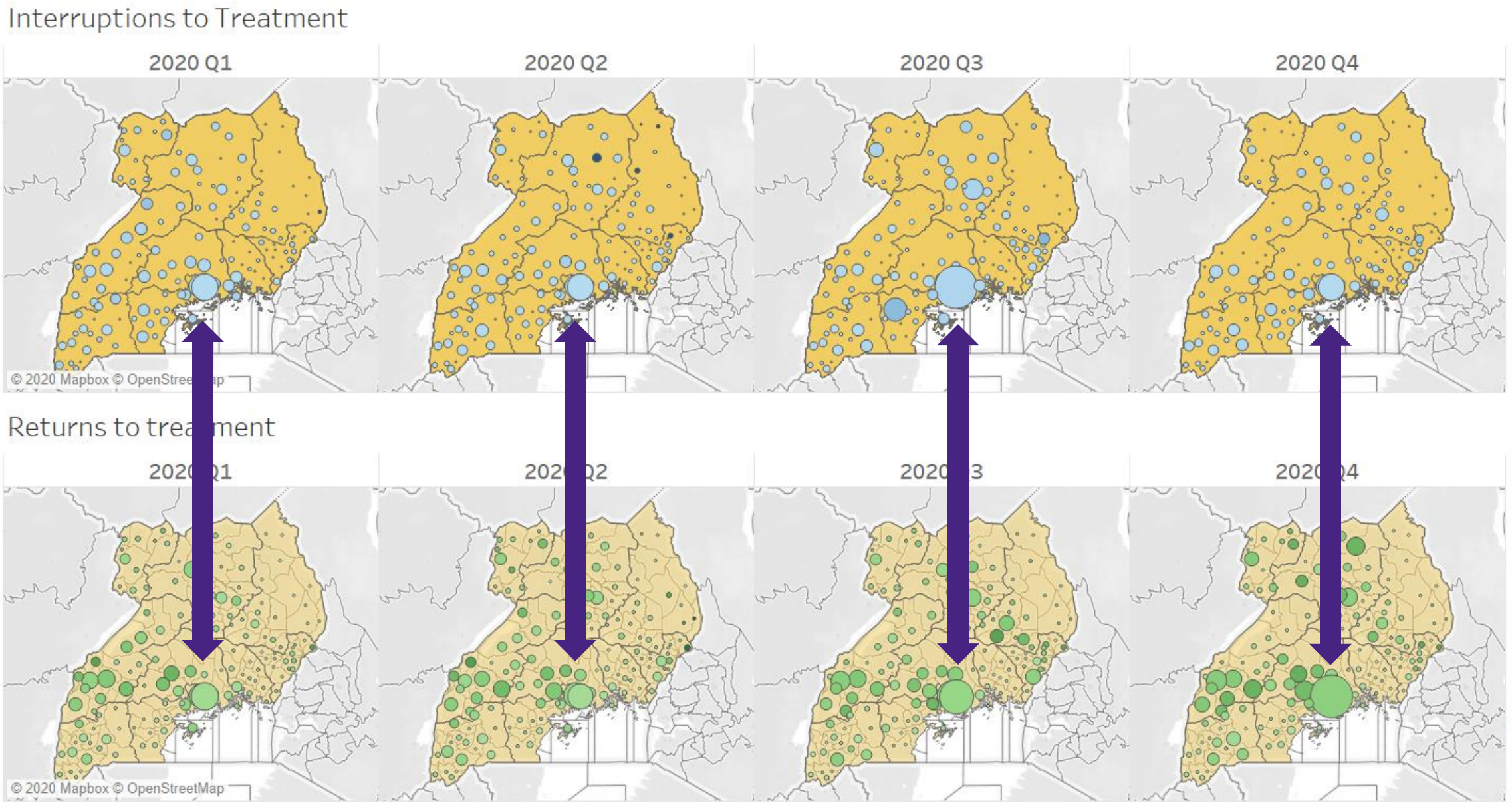
What about context?

Geospatial mapping may provide clues

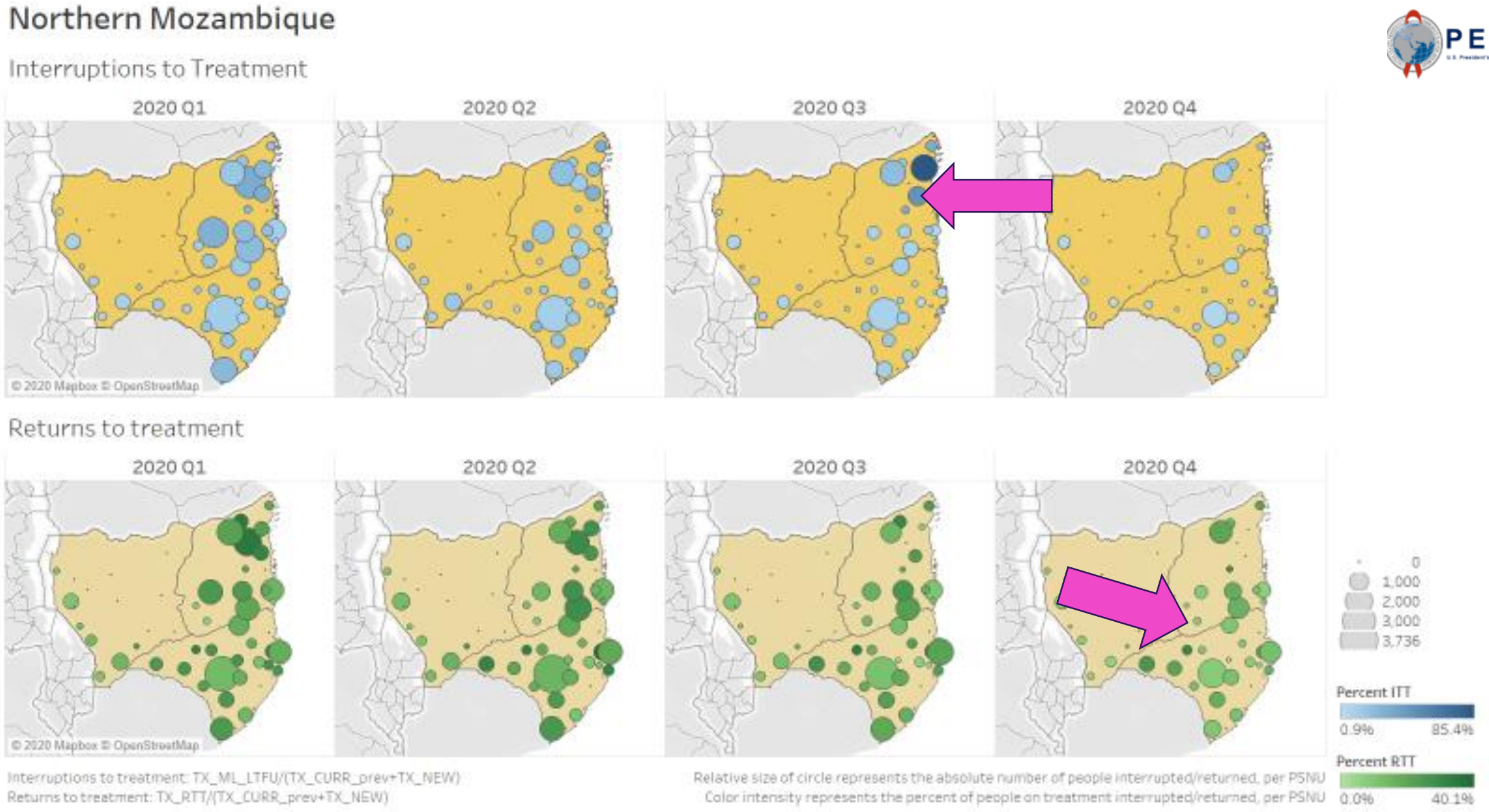
Uganda churn: IIT and return trends by Region



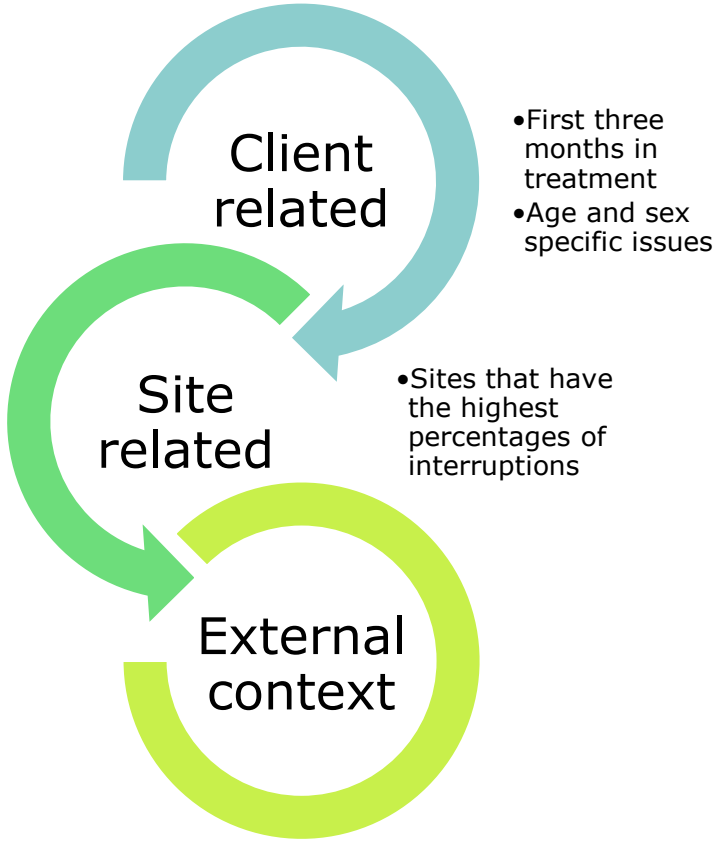
Interruptions to treatment: TX_ML_LTFU/(TX_CURR_prev+TX_NEW)
Returns to treatment: TX_RTT/(TX_CURR_prev+TX_NEW)

Relative size of circle represents the absolute number of people interrupted/returned, per PSNU
Color intensity represents the percent of people on treatment interrupted/returned, per PSNU

Insecurity in Northern Mozambique: IIT and return trends

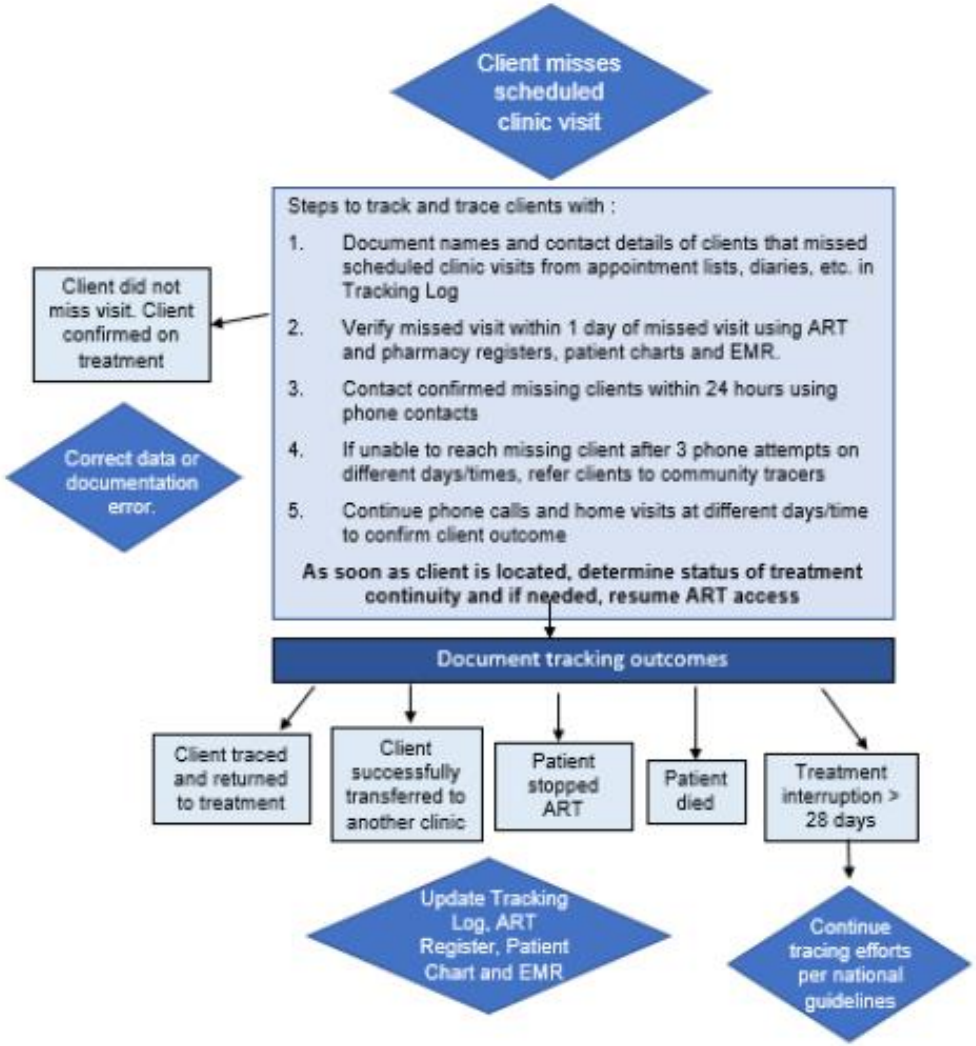


Factors that impact "churn"



Potential solutions

- Track and trace
- Greater emphasis on the first three months of treatment
- Tailor solutions to age and sex specific contexts
  - COVID-19 adaptations
  - Work, child-care
- Plan for and normalize “churn”
  - “Welcome back”
  - Managing interruptions
- Specific solutions for high volume sites
  - E.g., track and trace activities
- Understand and plan for national context



Source: COP 21 guidance

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Client re-engagement change domains: Nigeria strategy

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ADAPTIVE AND HIGHLY RESPONSIVE PROGRAMMING

1. High risk identification

- Check in with mapped serial IIT clients
- Newly diagnosed and recently initiated on ART, those with high VLs 90-day adherence calendar
- Pediatric, Adolescent and PBFW prioritized

2. Welcome back to Care

- Line listing daily appointments ahead of visits
- Same day generation of missed appointments + IIT with 24hr calls and weekly home visits
- Spatial and sub-population clustered tracking
- Flexible rescheduling of appointments

+98%
CONTINUITY OF TREATMENT

3. Leveraging Technology

- Risk factor analytics across demographics
- IIT Tracking dashboard and inactive patient tracking tools
- Surveillance & real time monitoring of IIT data at the facility and IP situation room(s)
- Optimized EMR systems to ensure data quality and machine learning

4. Preventing Losses

- Optimize appointment systems
- Deploy case management accountability systems and integrated care
- Mapping root causes and client pain points
- Structured pre-appointments reminders and virtual MMD/DSD support systems

ACCESSIBLE CARE

CLIENT CENTERED

PREDICTIVE ANALYTICS

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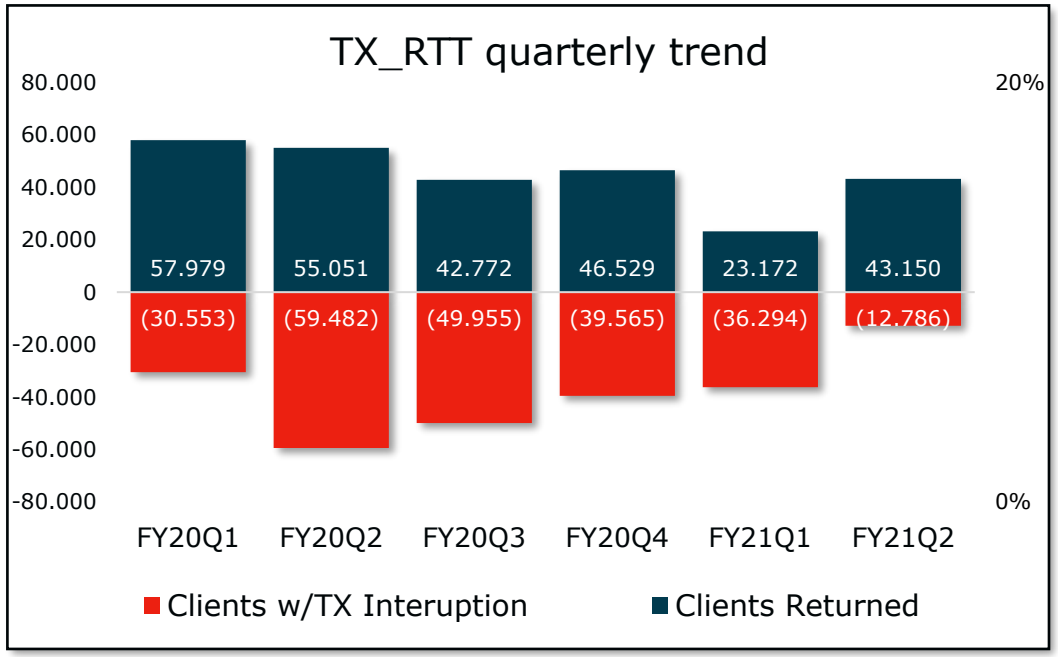
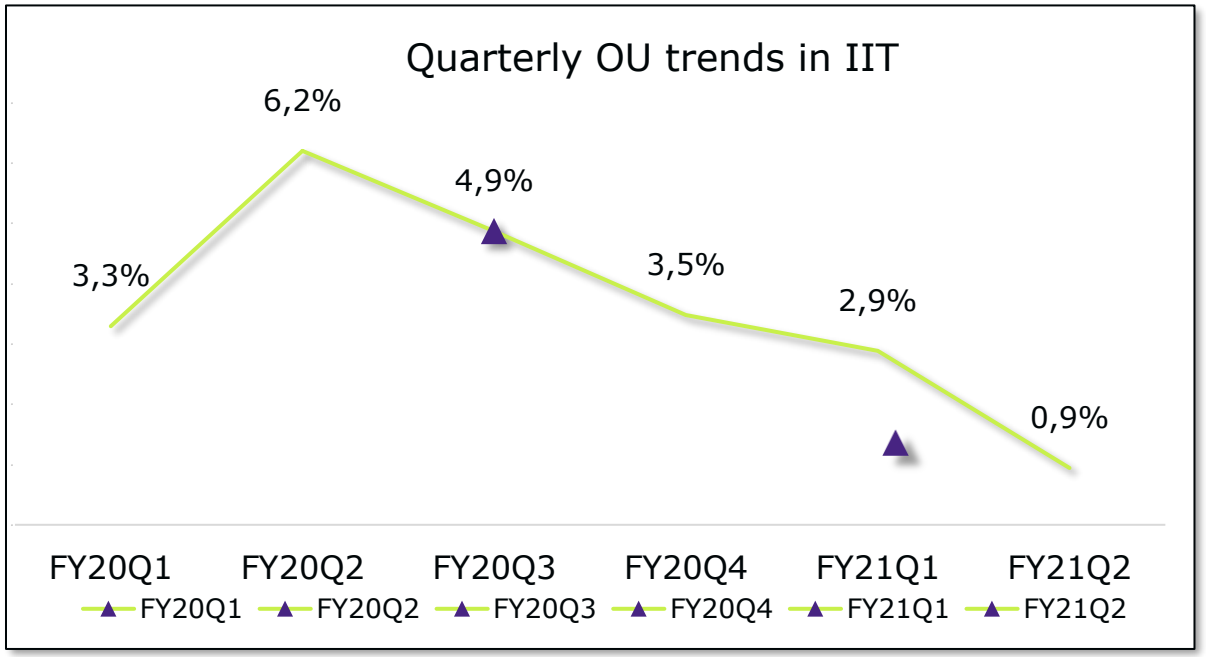
Improved ITT trajectory





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Nigeria: Strategies for treatment continuity in Akwa Ibom and Cross River

Operational restructuring at health facilities

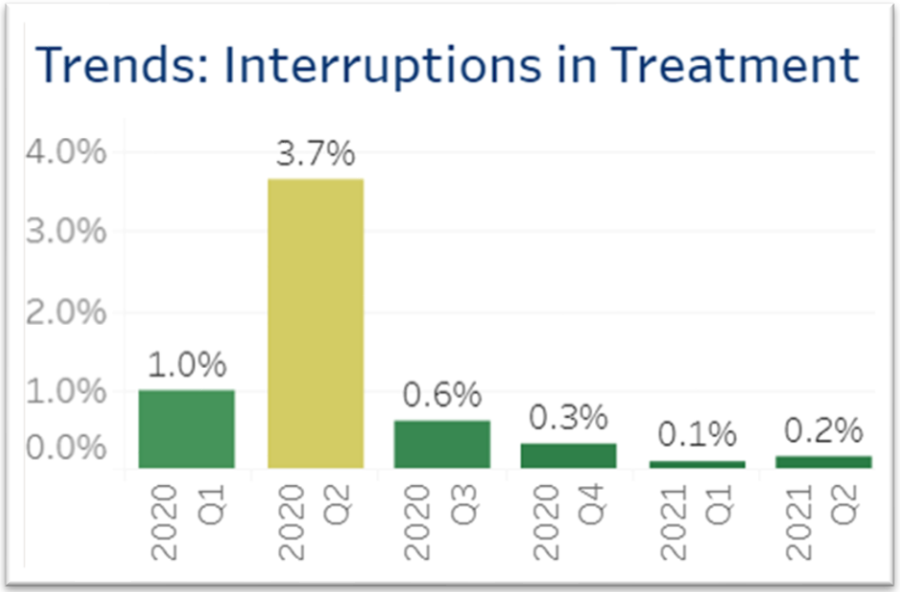
- Scale up of multi-month dispensing of 3 – 6 months for stable clients
- Pre-appointment tracking for clients due for refill and same day tracking for clients who missed appointment
- Tailored time-specific refill appointments
- Fast track option to reduce clients' waiting time
- Adoption of evening clinics for clients with busy schedules

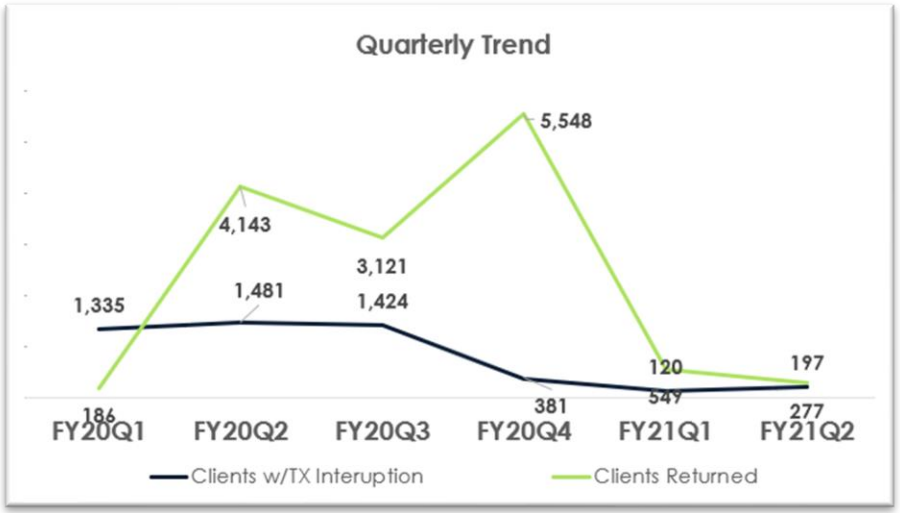
Scale up of Decentralized Drug Delivery (DDD) systems

(**90-day adherence calendar for clients newly initiated on ART**

Case Management Optimization

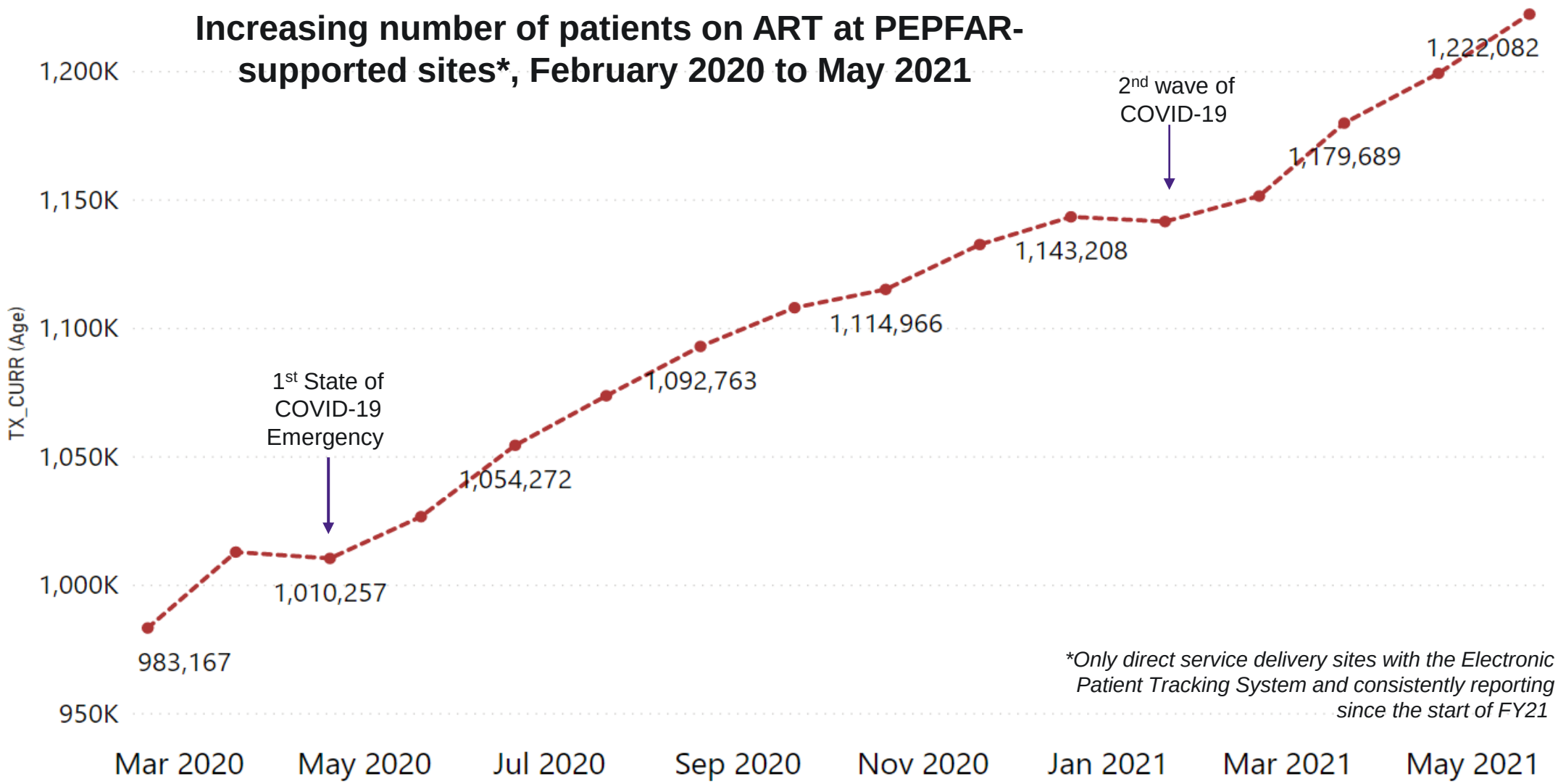
- Improving CM-Client relationship
- Pre-appointment date calls as reminders
- SMS to remind clients of refill dates





Mozambique: Effect of service Delivery Adaptations during COVID-19

Increasing number of patients on ART at PEPFAR-supported sites*, February 2020 to May 2021



*Only direct service delivery sites with the Electronic Patient Tracking System and consistently reporting since the start of FY21

Source: CDC/PEPFAR Mozambique

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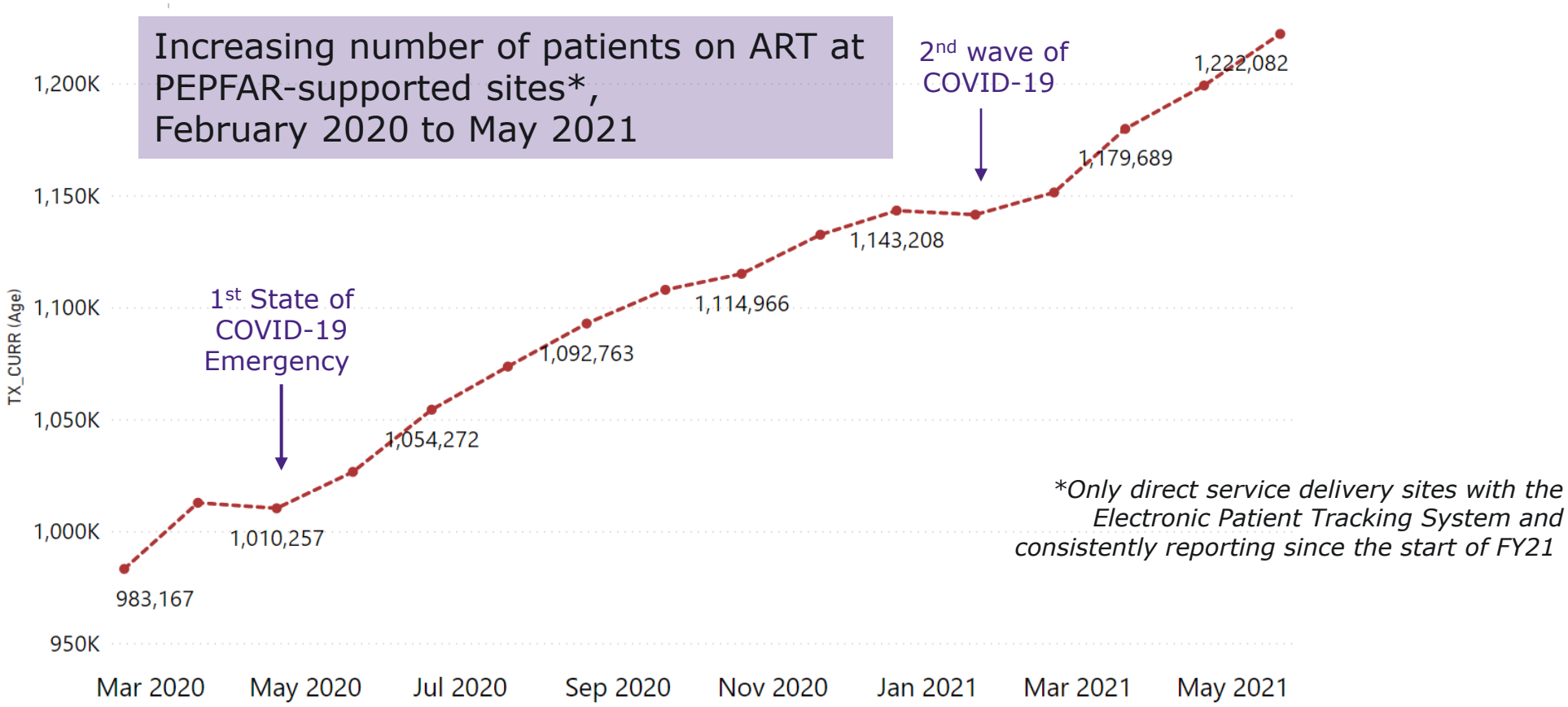
Mozambique: Effect of service Delivery Adaptations during COVID-19



*Only direct service delivery sites with the Electronic Patient Tracking System and consistently reporting since the start of FY21

Source: CDC/PEPFAR Mozambique

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Mozambique: Effect of service delivery adaptations during COVID-19

- Adapted models of differentiated service delivery
  - Community/decentralized ART distribution through health providers, mobile brigades and private pharmacies
  - Multi-month visits and drug dispensing (for ART and TB preventive therapy), and expanded eligibility criteria
  - Models for families, "Mentor mother" support, one-stop-shop options for pregnant and breastfeeding women and infants
- Strengthened patient literacy and adherence support systems
- Optimized site-level support

Lessons learned

Data

- Cumulative loss is critical to achieve and sustain epidemic control; finding and re-engaging all clients who ever left tx is a key to success
- Clients aren't always 'lost' even as reported as interrupted; first check on data quality and system documentation

Service Delivery

- Providers play a role in engaging clients; by being kind, reducing time/burden of treatment access, and facilitating easy scheduling/re-scheduling

Context

- Disruptions (COVID-19, elections, cross border movement) can be mitigated with Tx supply and scheduling flexibility

Next steps

- Testing interventions that promote early sustained engagement
- Evaluating engagement between 3-12 months on ART
- Drilling down on site factors and interventions that are helpful

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Acknowledgments

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