



What is **differentiated care** & **global guidance** for scale up

Lynne Wilkinson

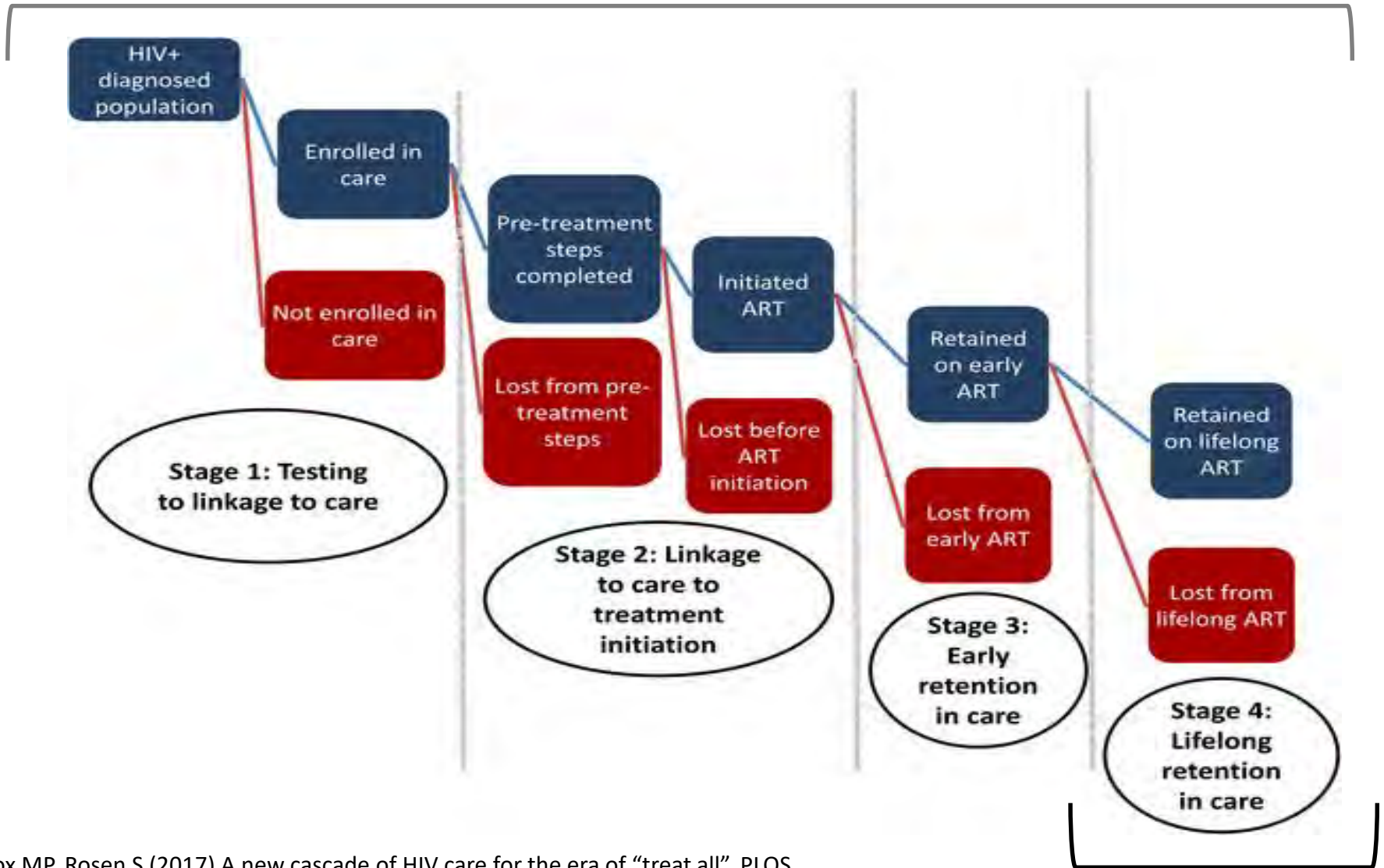
International AIDS Society

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Differentiated care

is a **client-centred** approach that **simplifies** and adapts HIV services **across the cascade** to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while **reducing unnecessary burdens on the health system.**

Differentiated care



Fox MP, Rosen S (2017) A new cascade of HIV care for the era of “treat all”. PLOS Medicine 14(4): e1002268. <https://doi.org/10.1371/journal.pmed.1002268>
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002268>

Differentiated ART delivery



Why differentiate ART delivery



- To improve client experience
- To improve health outcomes
- Leverage resources to ‘treat all’ and achieve 90-90-90



How to approach differentiating ART delivery

1. Identify client and health system **challenges**
2. Define **for whom** you are differentiating care
3. Determine the appropriate **building blocks** for differentiated ART delivery for your identified population



1. Identify the challenges



I have to walk a really long way to get to the clinic and still have to go every month to collect my ART – but I feel well and have other places to be.

John, a client

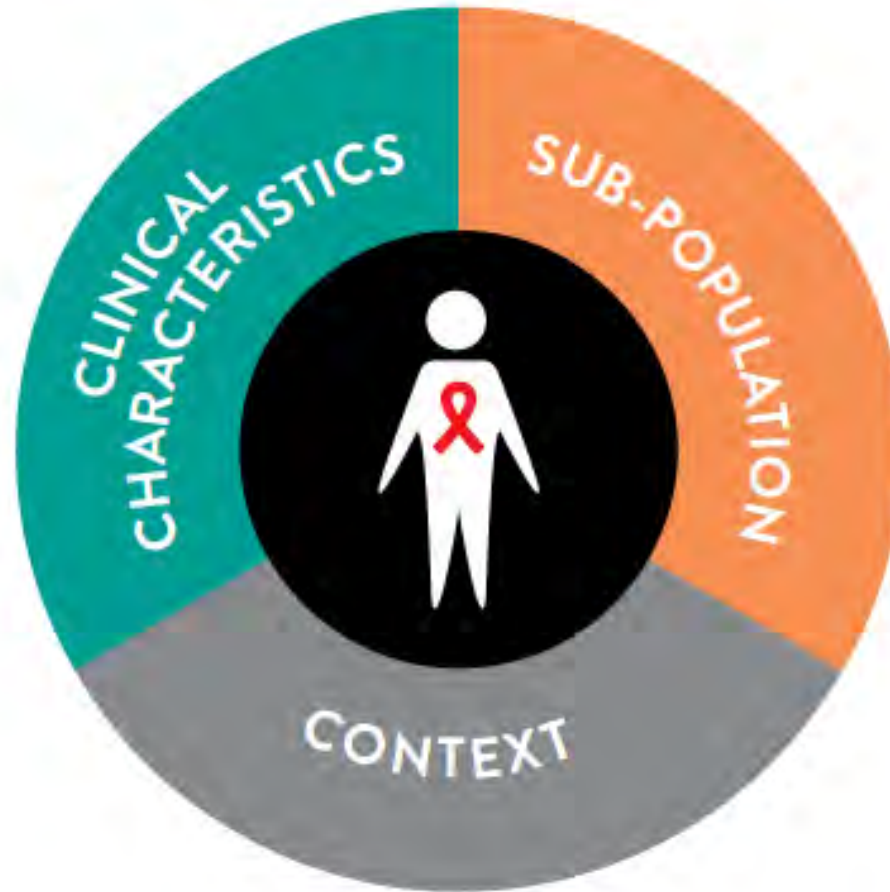


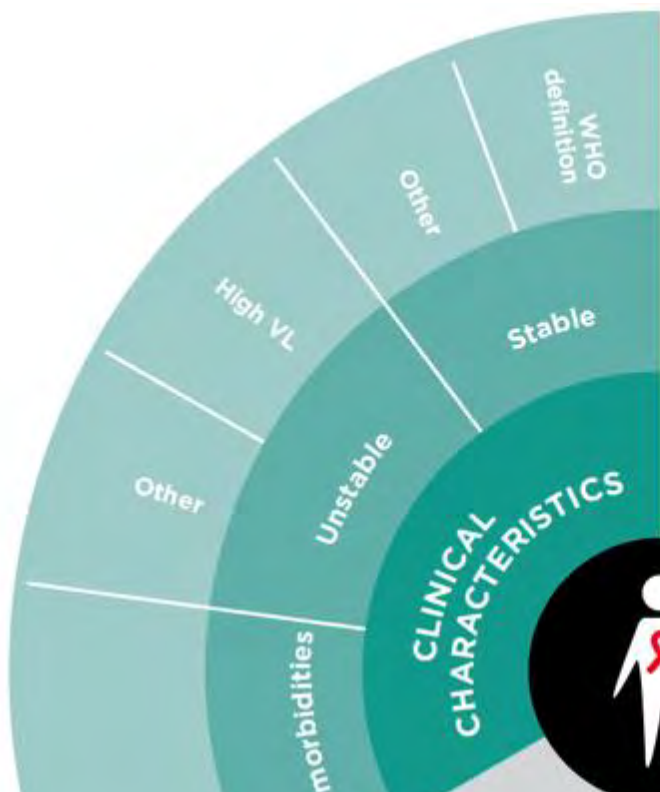
I always feel rushed and am seeing too many clients. Why do I need to see my stable clients every month?

Jane, a nurse



2. Define for whom we are differentiating ART delivery





 WHO Guidelines

Definition of stable patient

On ART for >1 year

No adverse drug reactions which require regular monitoring

No current illness or pregnancy/breastfeeding

Good understanding of lifelong adherence

**2 VLs < 1000 copies/ml
(or if no VL - rising CD4/CD4 > 200)**

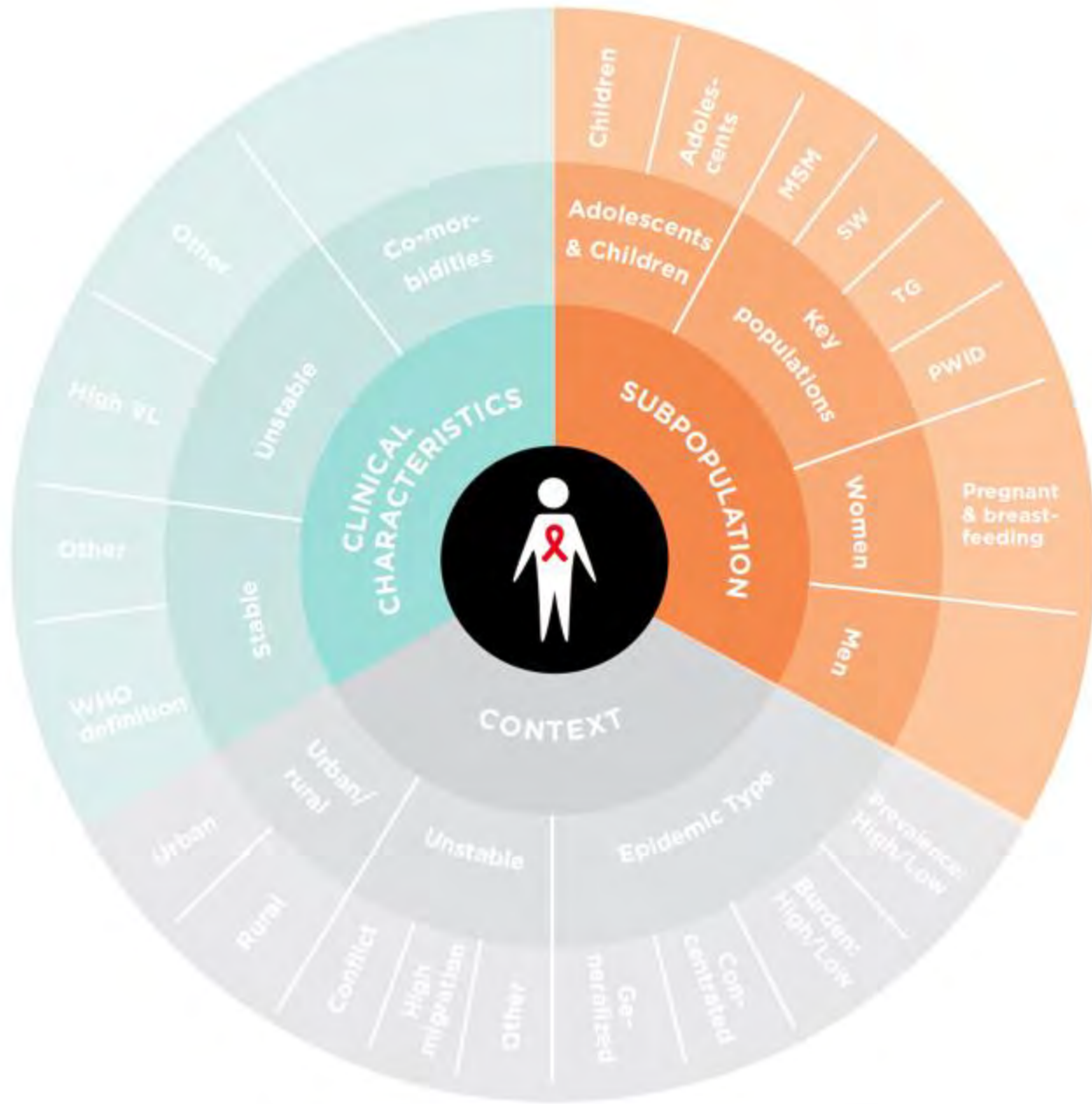
 WHO Guidelines

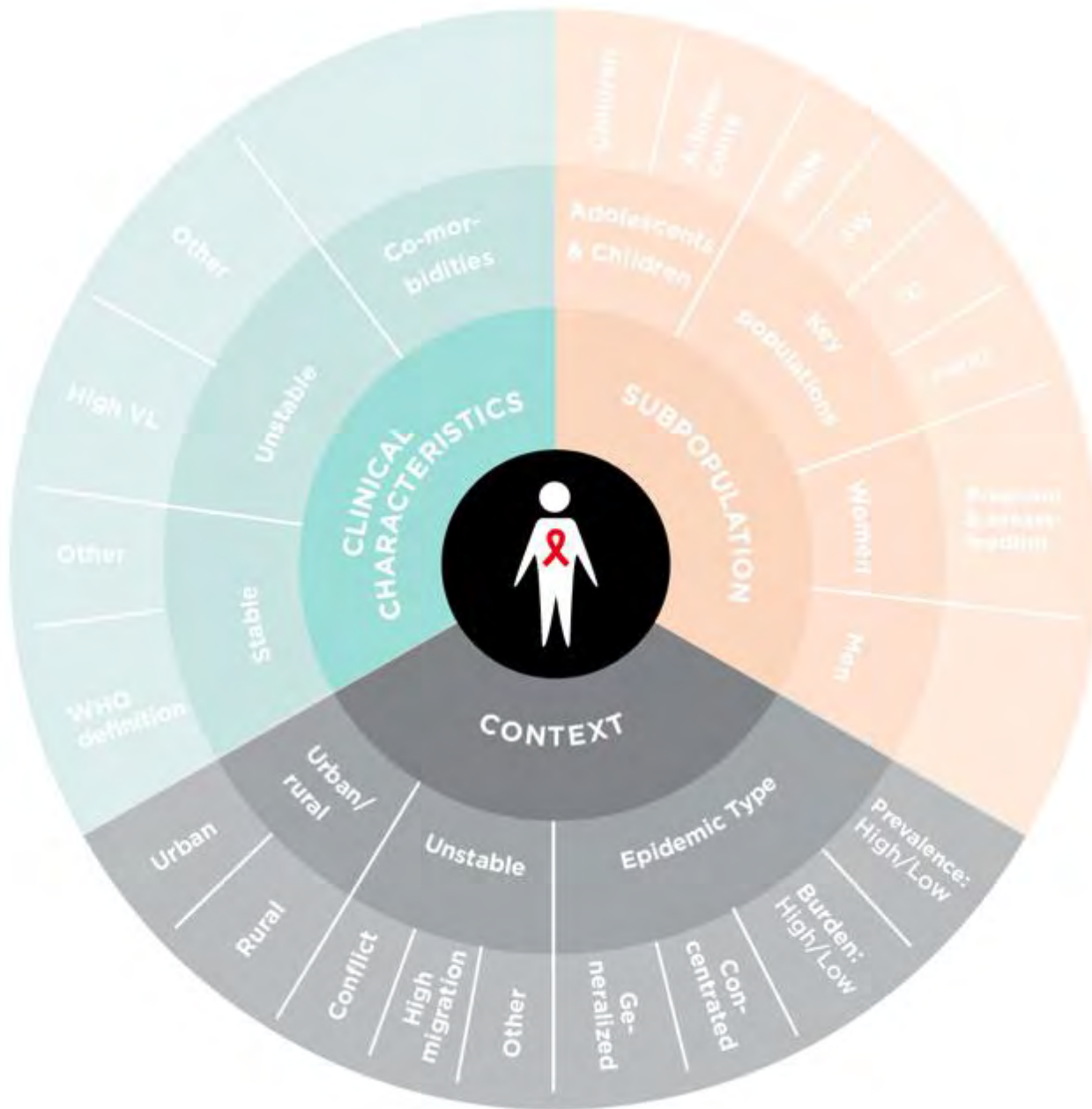
People presenting when well

People with advanced disease

Stable individuals →

Unstable individuals

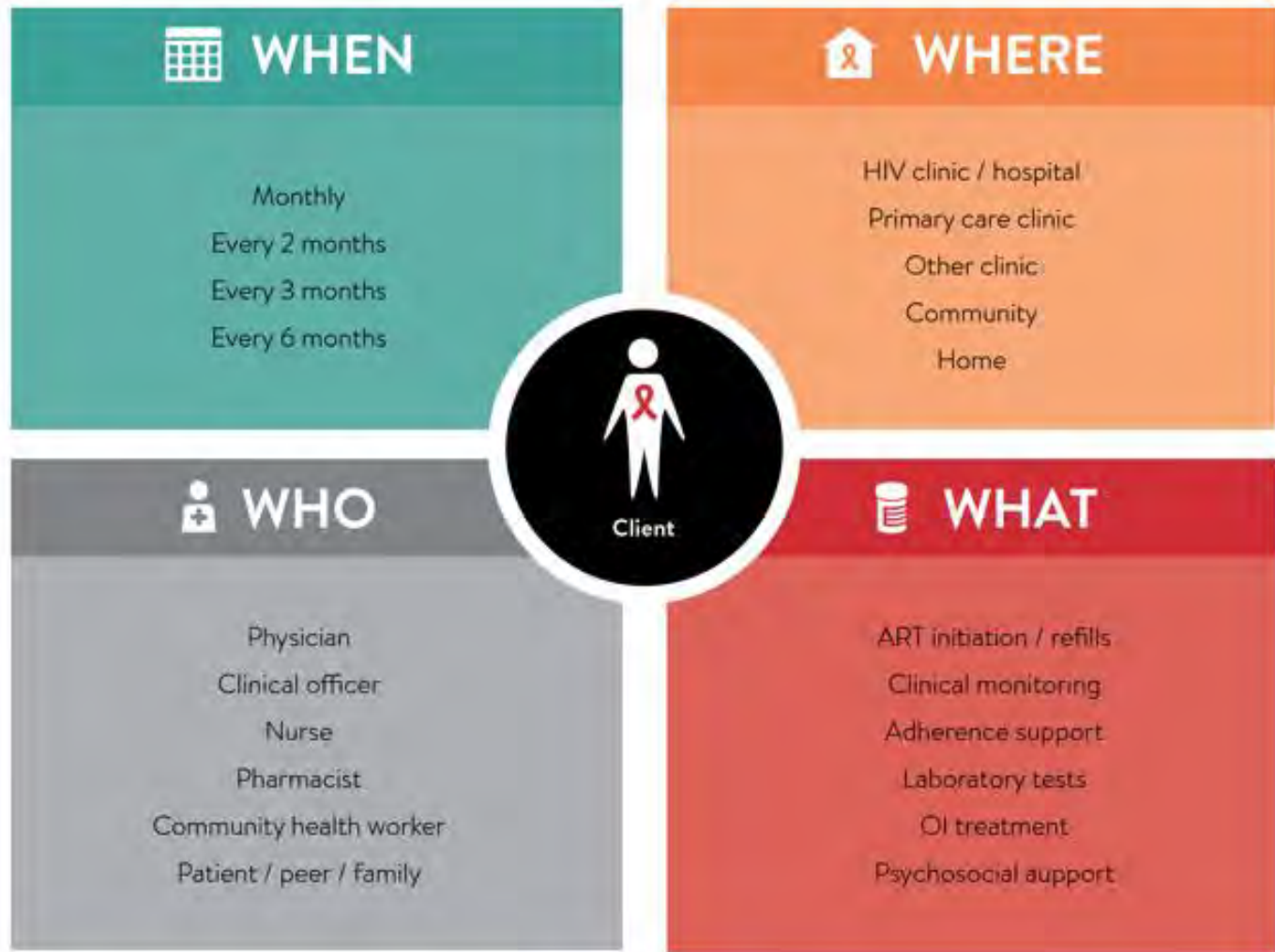






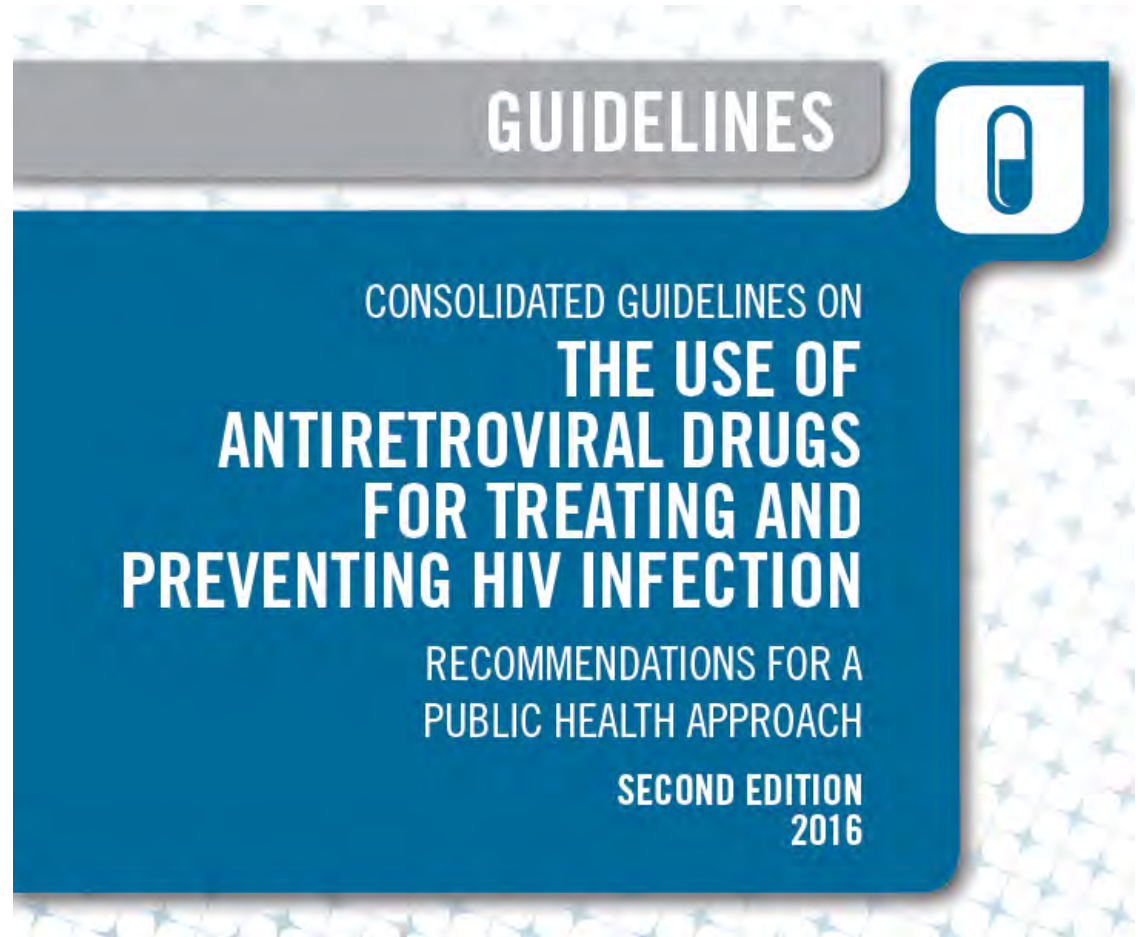
3. Determine the building blocks







WHO building block guidance



World Health
Organization



WHEN



WHO Guidelines


Recommendations on
frequency of visits

3-6 monthly ART refills

3-6 monthly clinical reviews



WHERE

 WHO Guidelines

Recommendations on
decentralization

**ART maintenance can
take place at
community level
(outside of health
facilities)**



WHO Guidelines

Recommendations on task shifting and task sharing

Trained/supervised lay provider can distribute ART refills to adults + adolescents + children

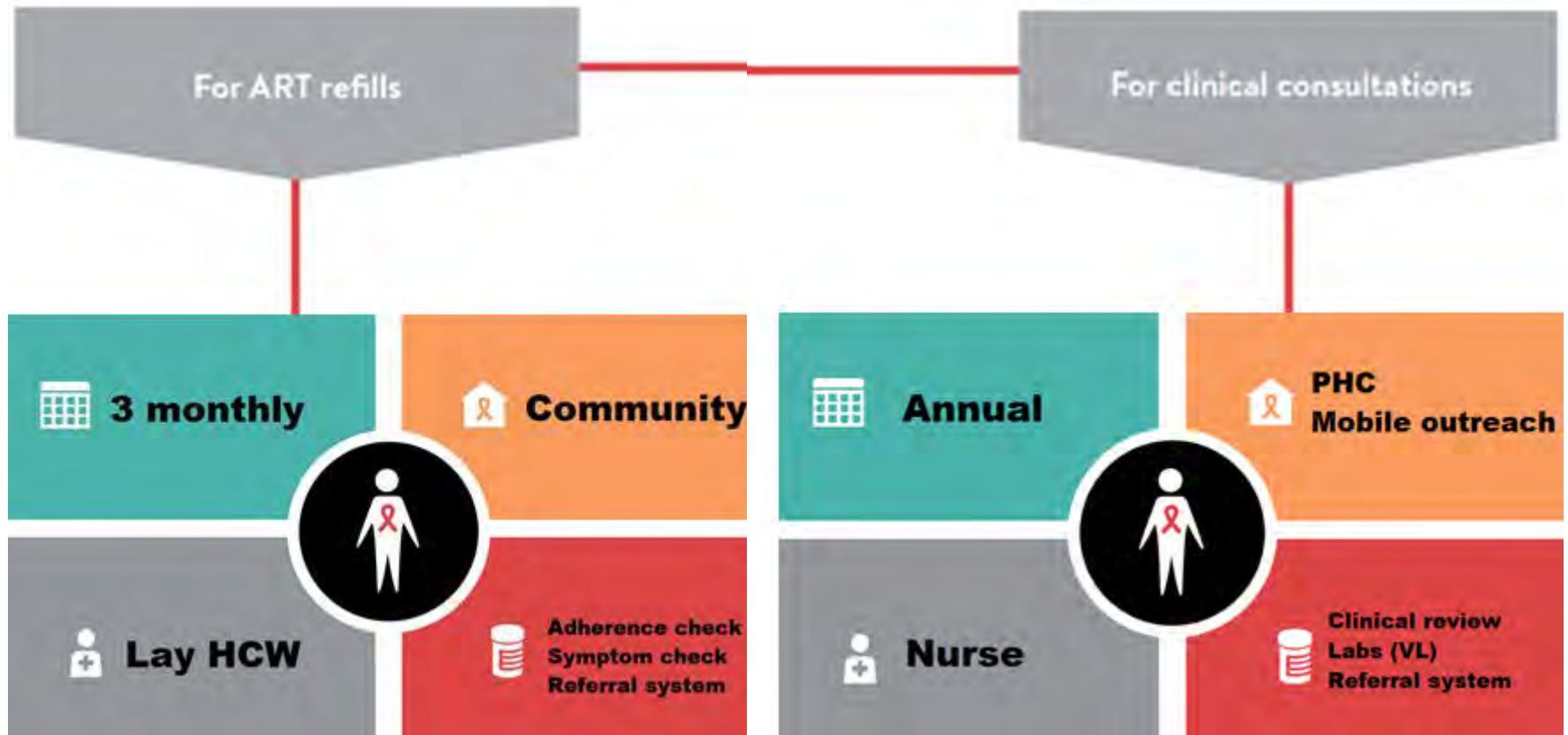
Trained/supervised CHWs can dispense ART refills between clinical visits

Trained non-physicians/nurses/midwives can initiate and maintain ART



Example outcome

Stable adults = >18 years + >12m on ART, 1 VL <1000copies/ml no current illness or adverse event requiring regular clinical follow-up

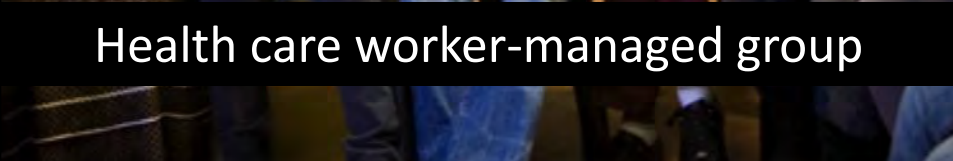




ART adherence clubs



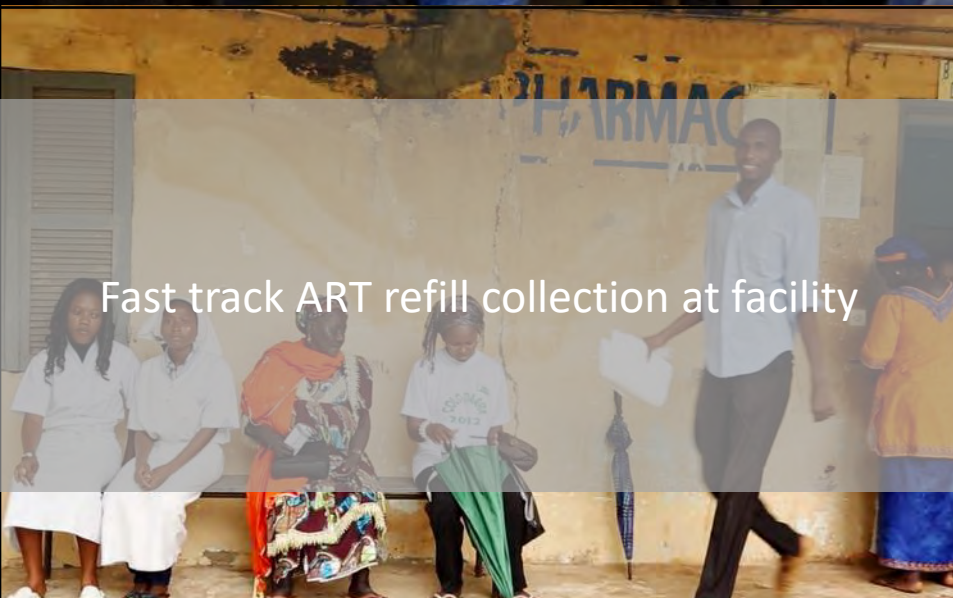
Community ART groups (CAGs)



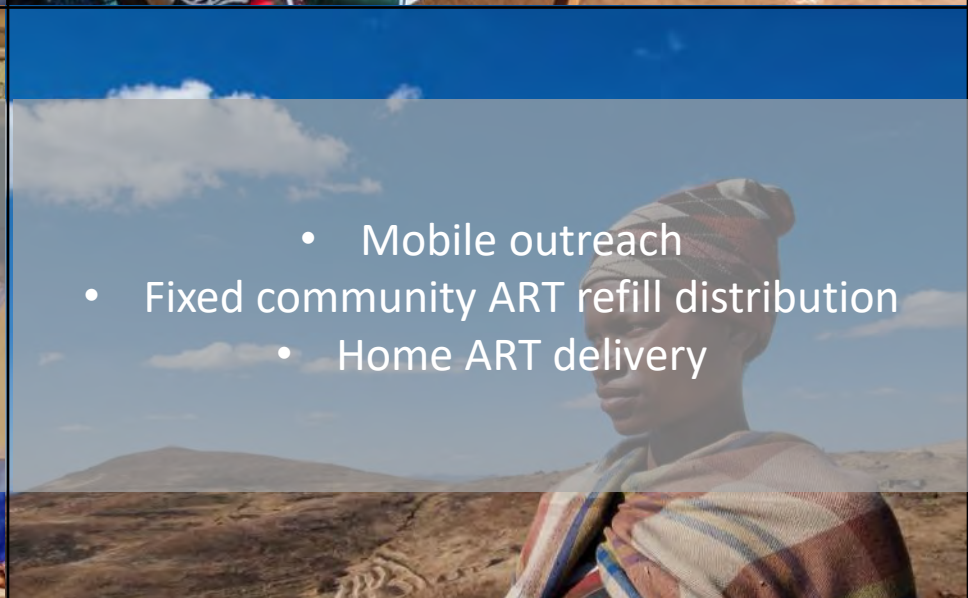
Health care worker-managed group



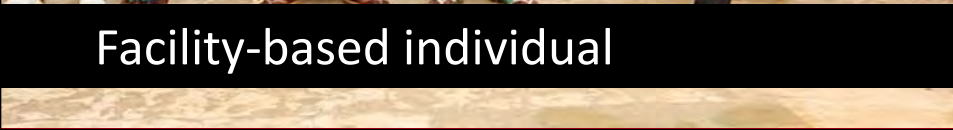
Client-managed group



Fast track ART refill collection at facility



- Mobile outreach
- Fixed community ART refill distribution
- Home ART delivery



Facility-based individual



Out-of-facility individual



DIFFERENTIATED CARE FOR HIV:

**A DECISION FRAMEWORK
FOR ANTIRETROVIRAL
THERAPY DELIVERY**

It's time to deliver differently.

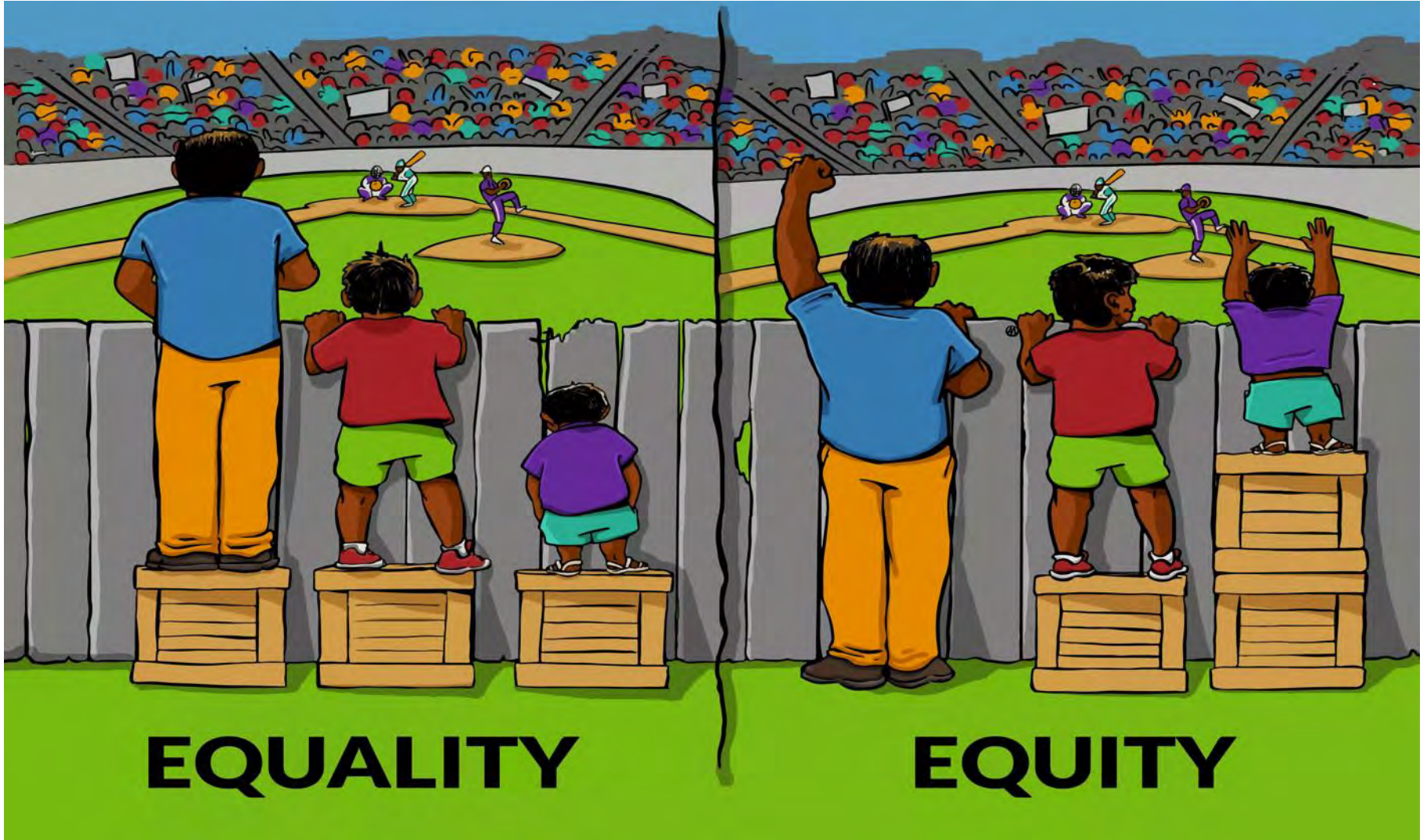


**DIFFERENTIATED
CARE**

**AN ONLINE KNOWLEDGE REPOSITORY
FOR DIFFERENTIATED CARE**

This is the go-to resource and online recipe book for implementing differentiated models of antiretroviral therapy (ART) delivery.

Visit www.differentiatedcare.org



EQUALITY

EQUITY



**DIFFERENTIATED
CARE**