



DSD in WCA: Perspective of the Global Fund

Differentiated ART delivery approaches for West and Central Africa: From pilots to plans for scale-up

ICASA 2019

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The Global Fund

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Outline

- HIV funding landscape in WCA
- Highlights of Differentiated Service Delivery for key populations
- New funding cycle for 2021-2023

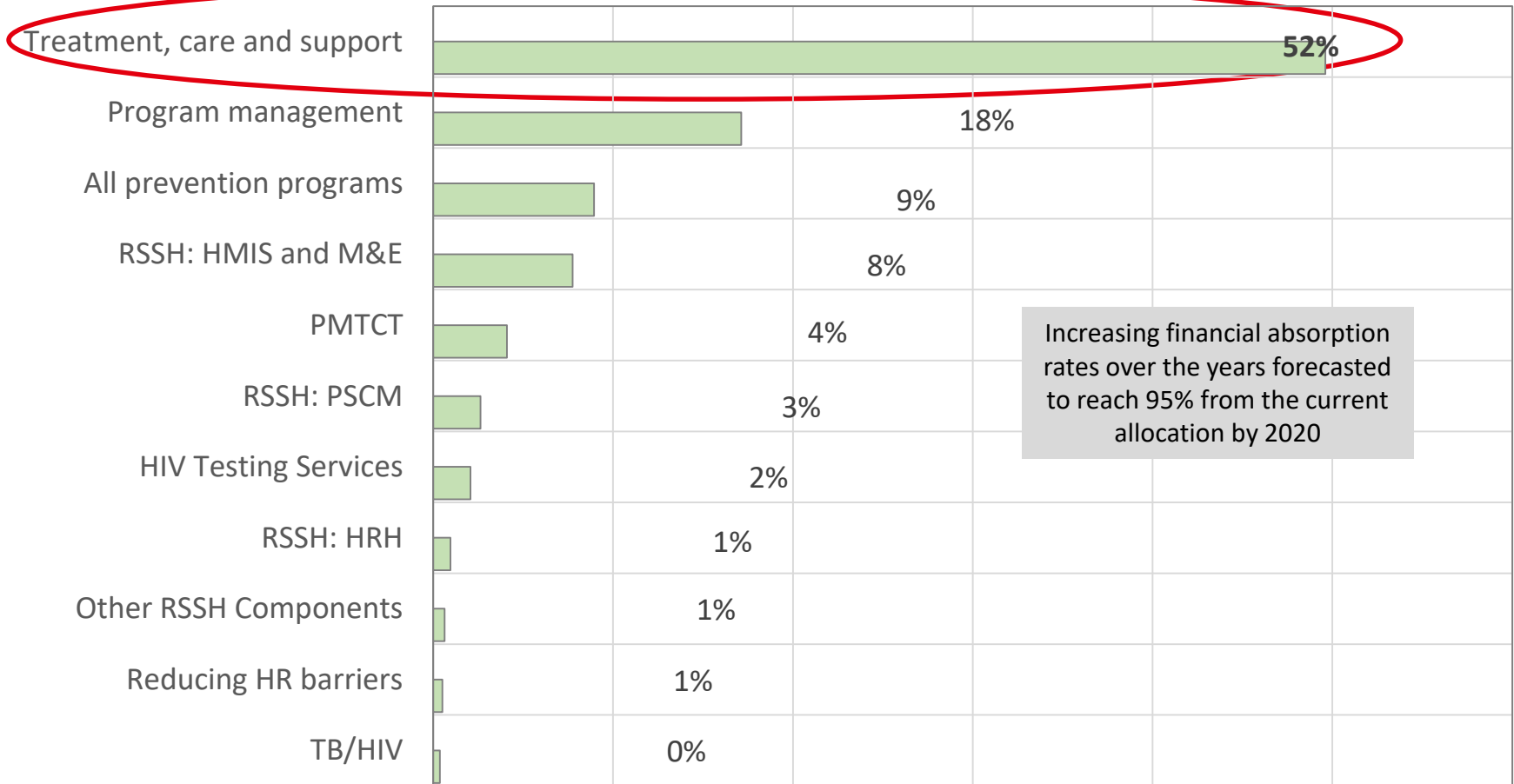


Imperative of epidemic control in WCA

- 7% of the global population
- 17% of the world's population living with HIV
- 21% of new HIV infections
- 30% of the world's AIDS-related deaths.



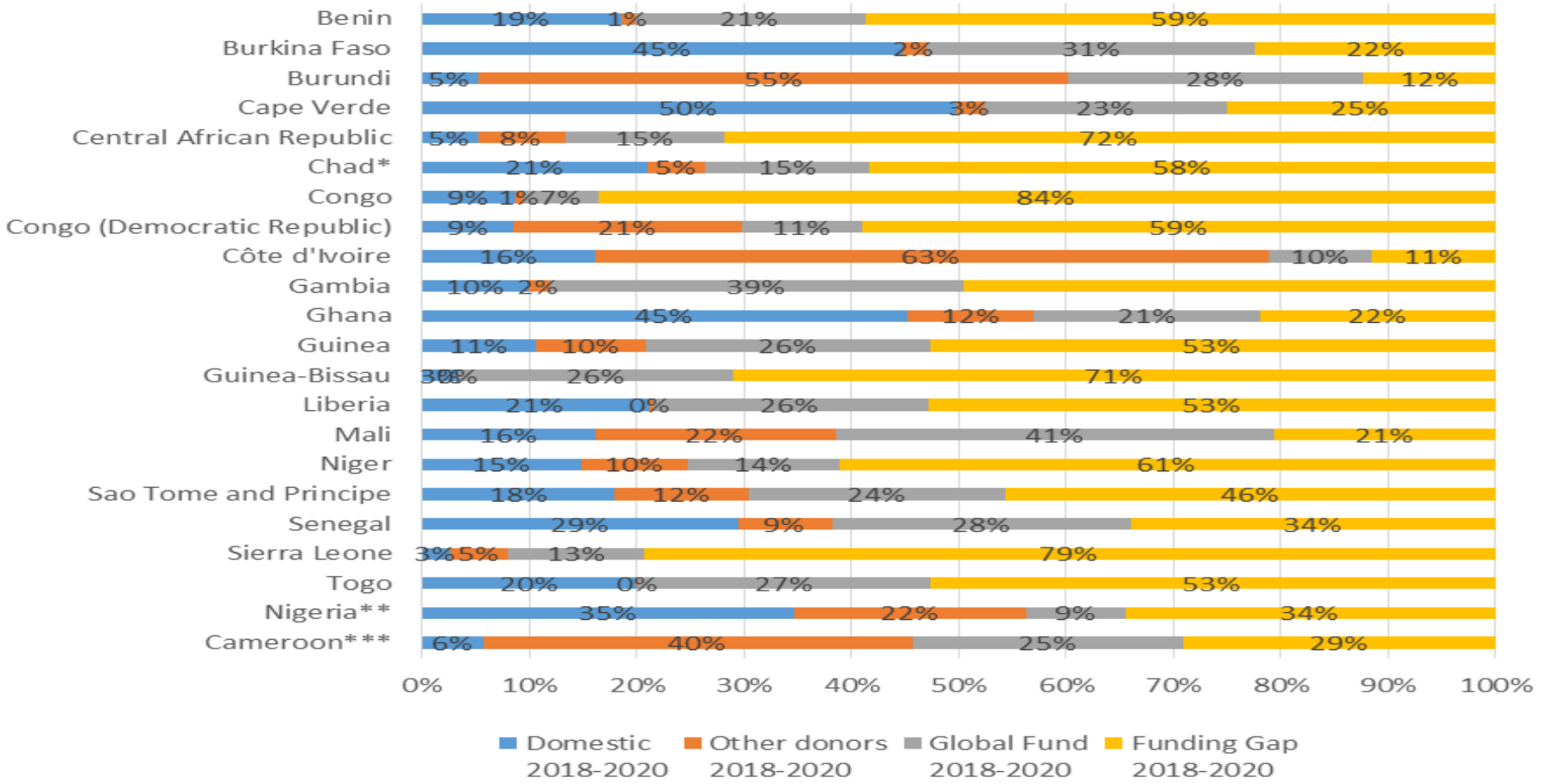
Global Fund investments (2017-2019 allocation): USD\$ 1.0 billion (USD\$ 477 million allocated to CIV, DRC, Ghana, Nigeria)



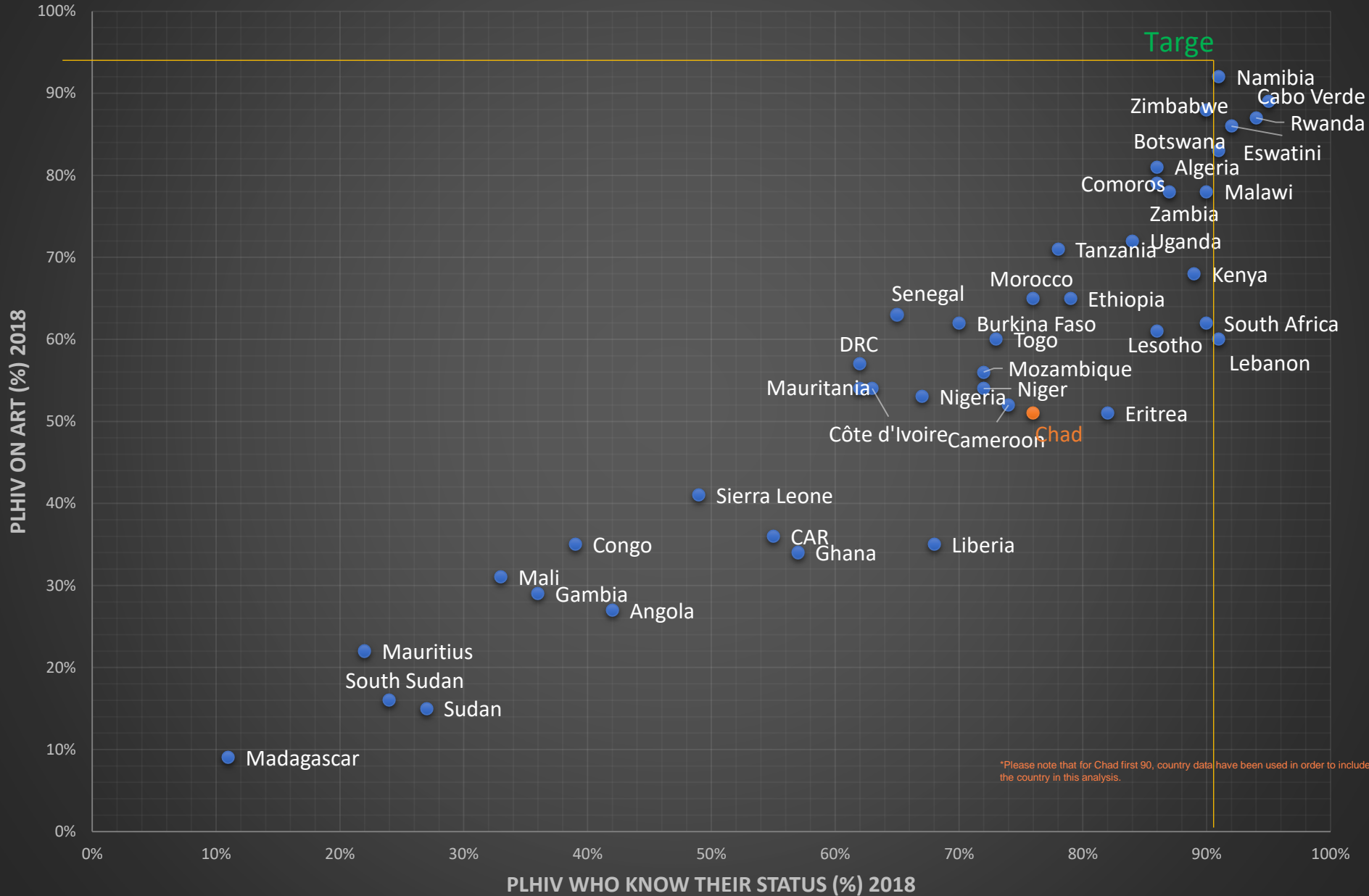


Great dependency on Global Fund support to the HIV response particularly in non-PEPFAR countries

HIV financing and funding gap in 2018-2020

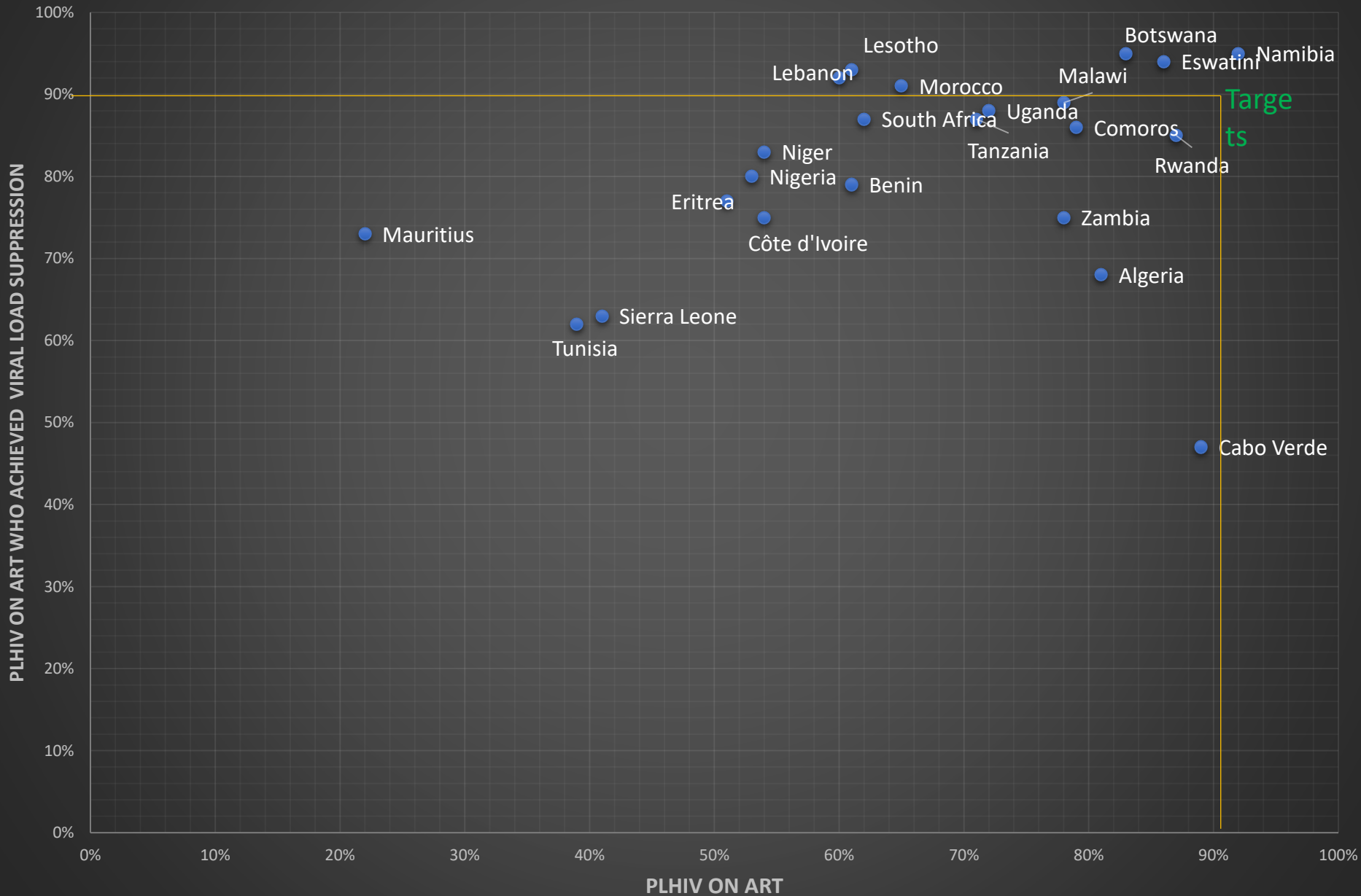


WCA+HIA1+HIA2+SEAF+MENA: PLHIV that know their status vs PLHIV on ART



WCA+HIA1+HIA2+SEAF+MENA

PLHIV on ART vs PLHIV on ART who achieved VL suppression





Challenges and DSD priorities

- Low ART coverage juxtaposed with high investments
- Health system constrains
- Quality of care (ARD and VL suppression)
- Community based and led services
- Key populations access
- DSD for clinically stable clients
- Extend ART refills
- DSD for KPs: Refills and psychosocial support by peers and lay providers
- Decentralization and task-shifting



Building blocks of model for men who have sex with men- Ghana

ART refills

Clinical consultation

Psychosocial support

	ART refills	Clinical consultation	Psychosocial support
WHEN	3 months	6 months	6 monthly
WHERE	At community	At the facility of their choice	At the health facility OR in the community if it was community based testing
WHO	Health care worker	Doctors/nurses	Counsellors and psychologists
WHAT	ART refills	Medical check +	Adherence counselling

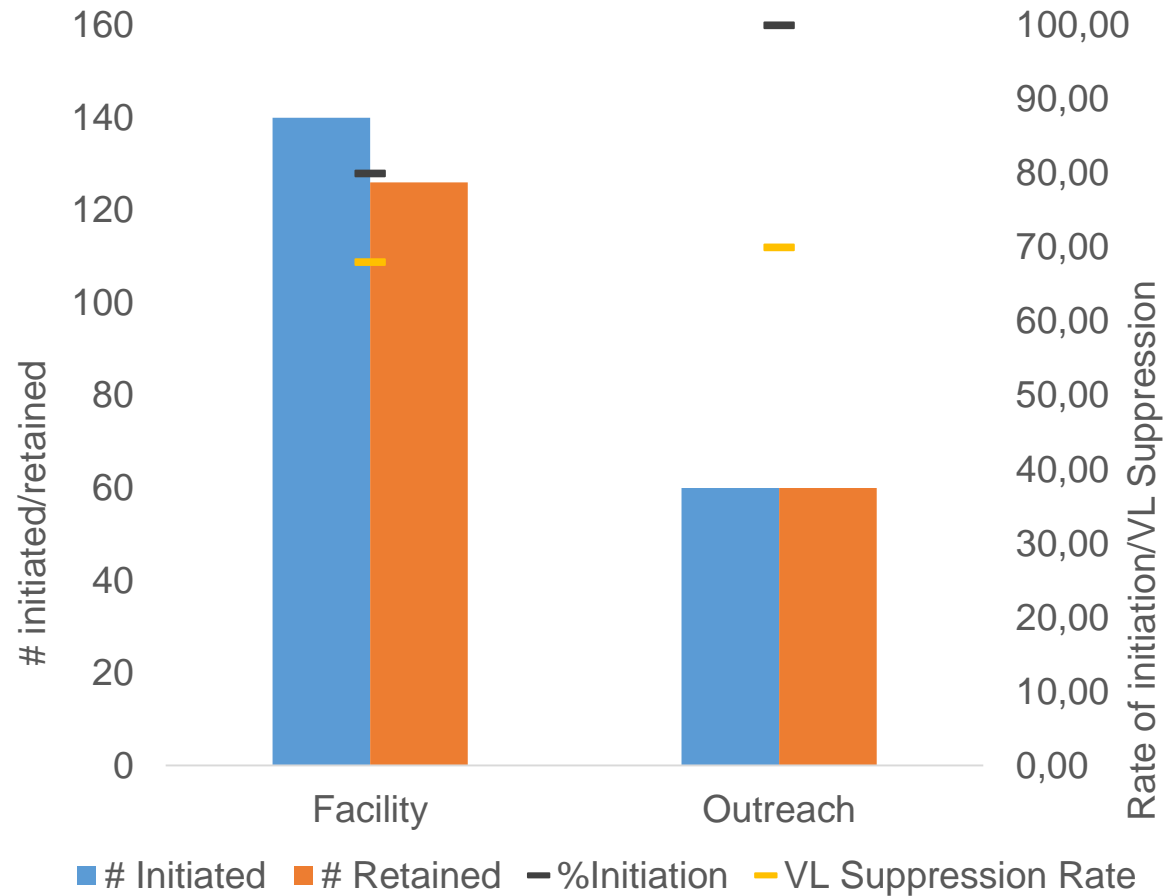
See examples to complete table in [Decision Framework for ART delivery](#)



Ghana:

Outcomes for DSD model for MSM

In outreach model, all 60 MSM PLHIV initiated ART and were retained at 12-months



[Nagai, 2019](#)



Funding request requirements



Focus on both HIV treatment and HIV prevention

Prioritize interventions at sufficient coverage and scale to have an impact

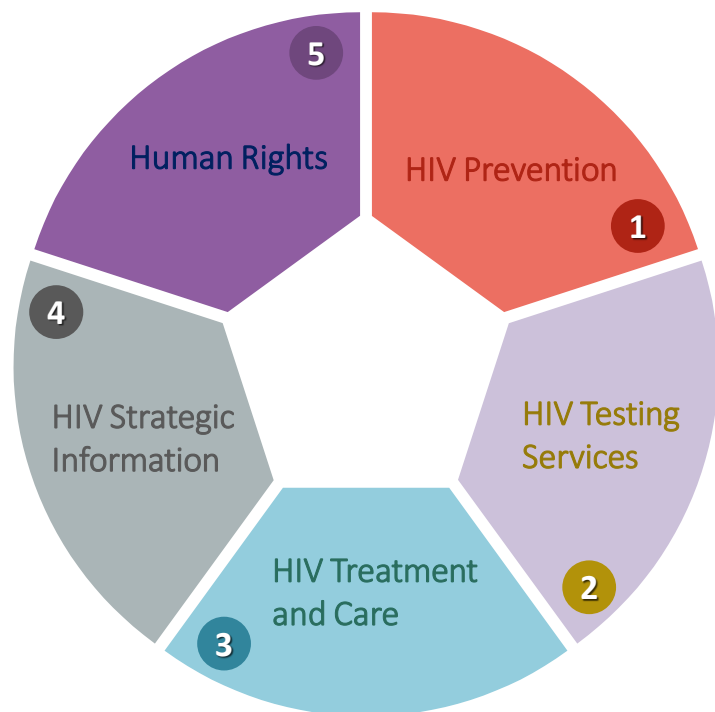
To save lives and reduce the incidence of HIV, the Global Fund urges applicants to propose funding requests that:

Address populations with greatest HIV burden and barriers to accessing services

Rapidly scale-up new and innovative medicines and technologies, as recommended by the WHO and other normative agencies



Global Fund and partner-recommended prioritized interventions across the HIV cascade



- 1**
 - HIV prevention programs addressing KPs in all epidemic settings, and AGYW and adolescent boys and men in high prevalence settings
 - Comprehensive condom programming
 - PrEP programs for populations with substantial HIV risk
- 2**
 - HIV testing services strategy that uses up-to-date and regularly reviewed data
 - A strategic mix of differentiated approaches, including self-testing, that improve testing coverage, testing yield and efficiency of HIV testing services
 - Interventions that ensure people across all age, sex and risk categories are linked to the services they need depending on their test results
- 3**
 - Scaled-up DSD models that offer a mix of interventions at both facility and community levels
 - Rapid initiation for all people diagnosed with HIV and strong mechanisms to retain people across the cascade
 - Introduction at scale of optimal ARV regimens in line with WHO recommendations
 - Advanced HIV disease pathways
 - Optimized VL testing at scale as preferred treatment monitoring.
 - Monitoring of drug resistance through WHO-recommended surveys
 - TB preventive treatment (TPT) at scale in countries with high burden of TB/HIV
- 4**
 - Routine review of data tracking people along the HIV prevention, testing and treatment cascade
 - HIV case surveillance
- 5**
 - UNAIDS-endorsed key human rights components, scaled up and integrated into prevention and treatment programs





DSD in the Global Fund information note 2019

- **Scaled-up DSD models that provide people-centered services and offer an appropriate mix of interventions at both facility and community levels**, including:
 - i) Scaling up differentiated approaches with fidelity that address all age, sex and priority groups;
 - ii) Rapid initiation of ART for people diagnosed with HIV including the offer of same-day initiation where there is no clinical contraindication;
 - iii) For stable patients, adopting multi-month (3-6 months) scripting and standardized multi-month refills facilitated by improved capacity of respective procurement and supply management systems.