“Nothing for us without us”: Adapting decentralized drug distribution models to meet the needs of key populations

Decentralized Drug Distribution (DDD) Learning Collaborative

April 8, 2021

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EpiC Meeting Targets and Maintaining Epidemic Control

Session 12: Learning Collaborative Agenda (7-8:30 am EDT)

- **Current DDD models and how they can be adapted to meet the needs of KP**
  Dr. Chris Akolo **|** *FHI 360*
- **Decentralized Drug Distribution at Safe Clinic in Bangkok, Thailand**
  Dr. Chaiwat Songsiriphan **|** *SAFE Clinic*
- **Community PrEP & ART: Adapting decentralized drug distribution models to meet the needs of key populations**
  Dr. Oscar Radebe **|** *FHI 360*
- **Using DDD models to increase access to services for KPs in Botswana**
  Dr. Masego Gilbert **|** *FHI 360*
- **Video Presentation: Sustaining HIV treatment continuity through the Jak Anter ARV home delivery system**
  Ms. Caroline Francis | *FHI 360*
- **Panel discussion on ensuring that DDD models meet the needs of key populations**
  Dr. Tiffany Lillie **|** *FHI 360*
  Dr. Chaiwat Songsiriphan **|** *SAFE Clinic*
  Mr. Olefile Letsholo | *Member of MSM community*
  Mr. Blessed Dlamini | *Member of MSM community*

Speakers

Ms. Tisha Wheeler
Facilitator

Dr. Chris Akolo
Presenter

Dr. Chaiwat Songsiriphan
Presenter

Dr. Oscar Radebe
Presenter

Dr. Masego Gilbert
Presenter

Ms. Caroline Francis
Presenter

Current DDD models and how they can be adapted to meet the needs of KPs

Decentralized Drug Distribution (DDD) Learning Collaborative

Chris Akolo
Technical Director, Key Populations, EpiC

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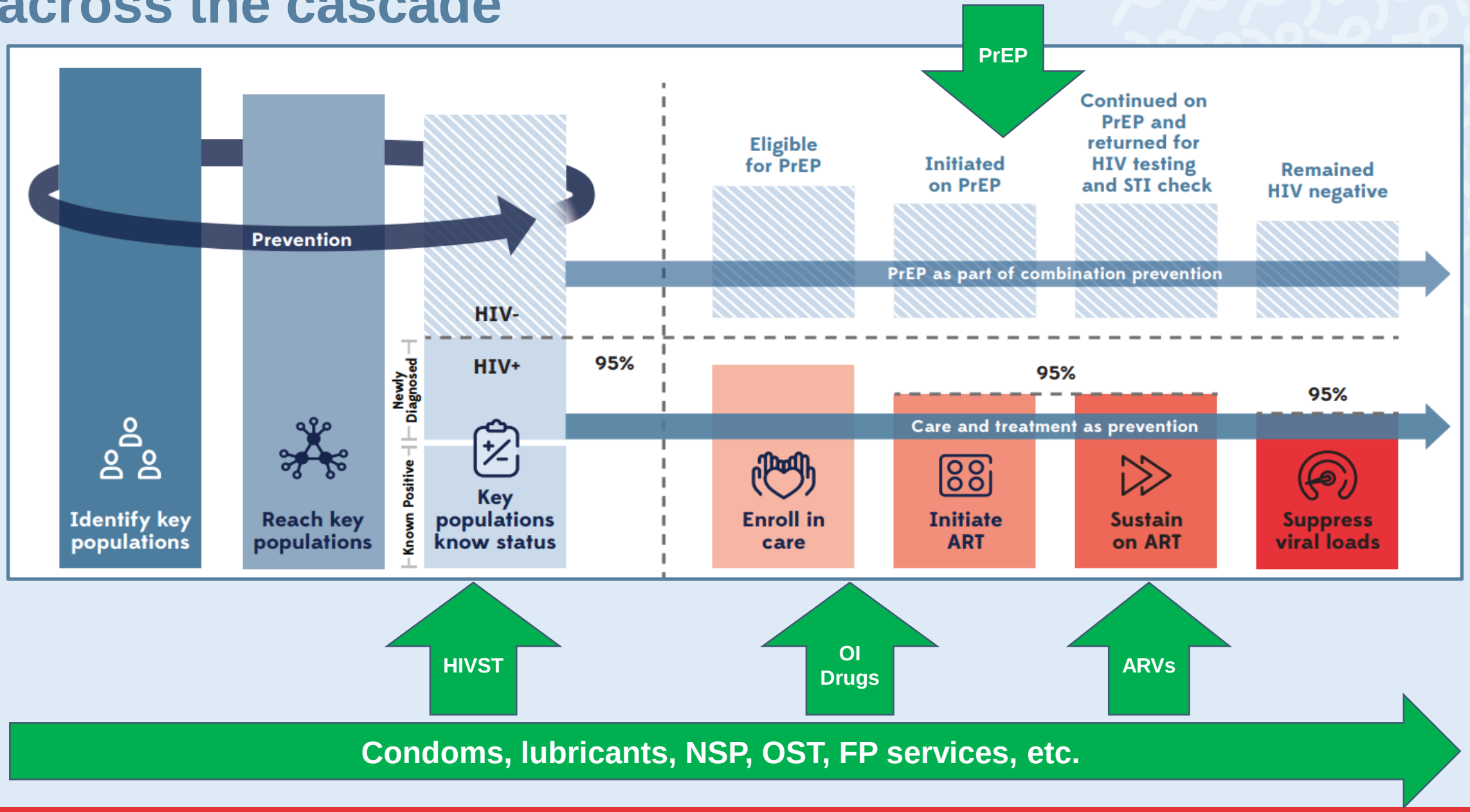
Why DDD models are needed for KPs

- Opportunity to offer differentiated care based on the needs and preferences of clients (client-centered)
- Decongest facilities
- To offer additional options to KPs who are often marginalized and stigmatized (not one size fits all)
- Address some structural barriers that KPs face in accessing HIV treatment (long distance to facilities, high mobility, difficulty accessing clinics during the day, S&D, etc.)
- “Nothing for us without us” – an opportunity for KPs to be part of service delivery
- The COVID-19 pandemic has demanded service delivery innovations and adaptations that decongest clinics and ensure uninterrupted access to HIV services despite lockdowns and restrictions on movement.

DDD models are relevant for various services across the cascade



DDD models for KPs

- ARV Pick-up points (PuPs) operated by KP-led or KP-competent CBOs/CSOs
  - Drop-in Center (DIC):
    - Often run by KP-led or KP-competent organizations
    - Offer services at flexible hours (evenings, weekends)
    - ARVs and PrEP
    - Could be for specific KP type(s)
  - One Stop Shop (OSS):
    - An out-of-facility individual model
    - Sometimes run by KP-led organizations

- Home delivery:
  - A health facility may offer patients the option to have their ARVs for treatment or PrEP delivered to their home
  - May be directly implemented by health facility staff or through a third party (logistics organizations who distribute ARVs on behalf of the health facilities to clients' homes). E.g., EpiC Indonesia, EpiC Botswana

- Private/community pharmacy pick-up:
  - A health facility may offer patients the option to pick up ARVs or PrEP at a pharmacy that is closer to the patient or otherwise more convenient for the patient.

- ARV pick-up at private facilities/clinics
  - Some KPs prefer to visit private providers for privacy issues
  - Some private providers are KP-competent
  - Upper class KPs, willing to pay for services, flexibility of services
  - E.g., EpiC Thailand

- Other convenient pick-up point (PuP):
  - A program or a health facility may offer other ARV distribution channels to their clients and these could also be considered for KPs
  - Auto-dispensing units
  - Post office
  - ARV lockers
  - Community group delivery
  - Flex models – combination of any of the above

Critical factors for scale up of DDD models for KPs

- Continuous engagement of key stakeholders (Govt., KP community, other Ips, etc.)
- Enabling government policies
- Robust supply chain systems
- Orientation/sensitization of the private sector
- Orientation of KPs on the benefits of DDD
- Assess patient willingness and ability to pay dispensing fee
  - At reasonable charges
  - For high-quality and more readily services
- Adequate funding for programs to pilot new models
- Robust M&E systems
- Nothing for KPs without KPs

Summary

- Virtually all DDD models that are currently in use for general populations could be adapted to meet the needs of KPs
- Community-based, KP-led service providers have made significant progress with advancing the DSD approaches that COVID-19 necessitated.
- Time to scale up some of these approaches, even beyond COVID-19
- DDD models are key approaches for achieving and maintaining epidemic control, including among KPs

Decentralized Drug Distribution at Safe Clinic in Bangkok, Thailand

Decentralized Drug Distribution (DDD) Learning Collaborative

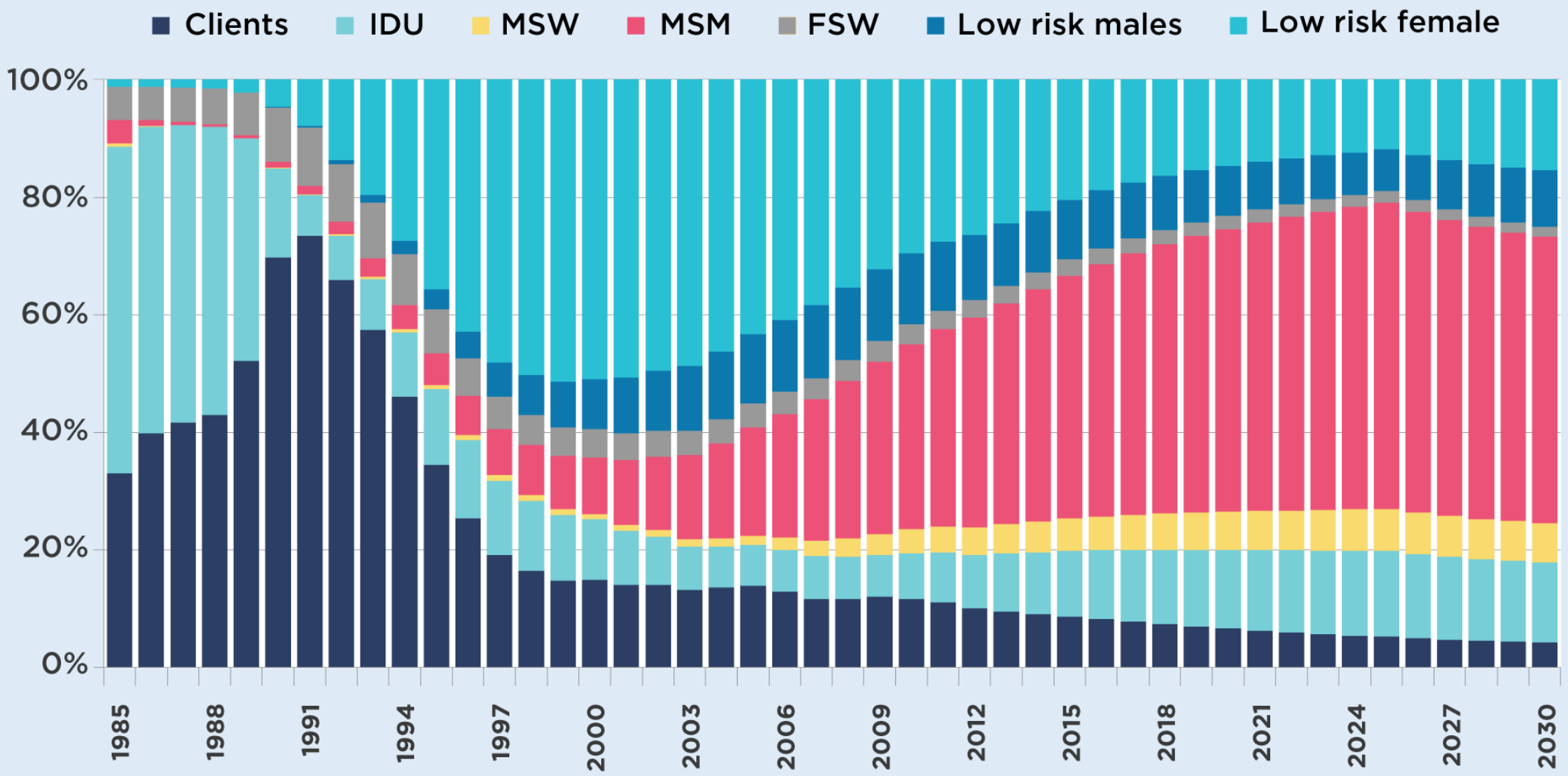
Chaiwat Songsiriphan, M.D.
Medical director and Co-founder

SafeClinic

Topics

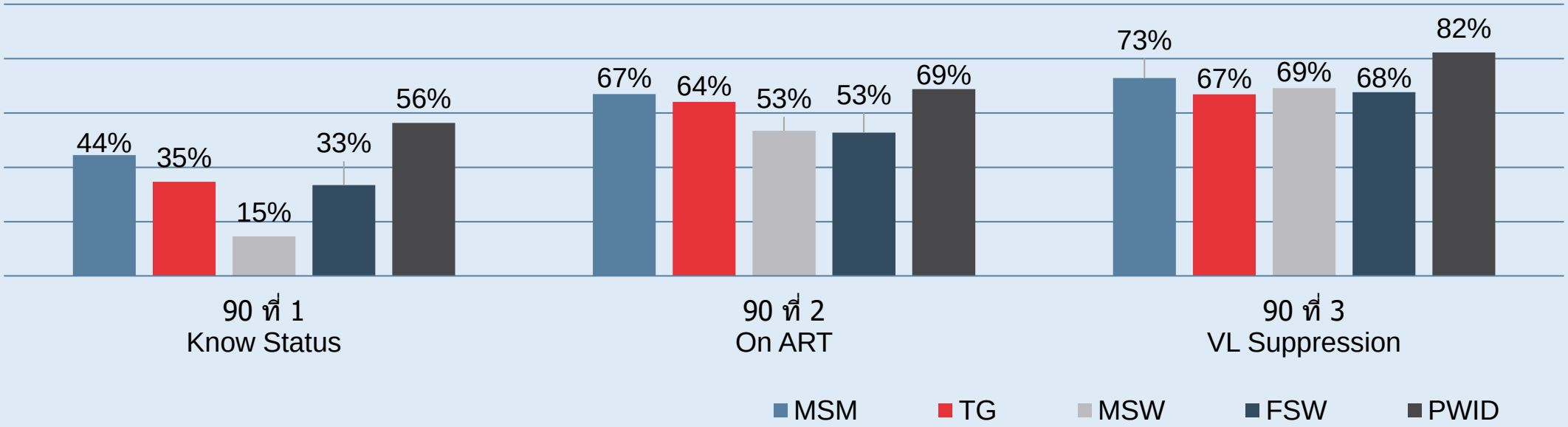
- HIV prevalence and coverage in Thailand
- Clinic establishment
- Services
- Key important facts

New HIV infections in Thailand

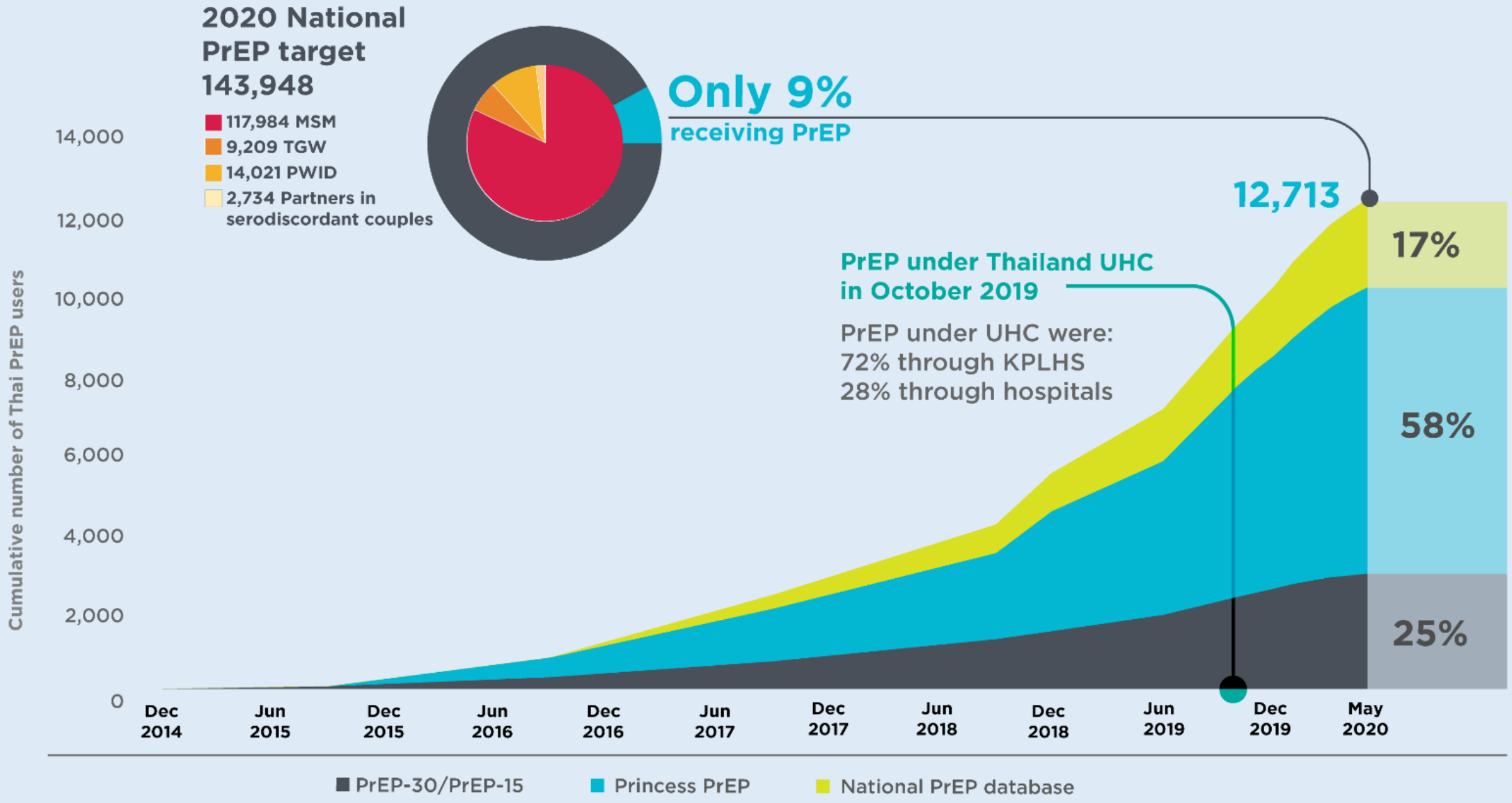


90-90-90 By Key Population 2019

ปี 2019	PLHIV AEM	90 - 1 Know Status	90 - 2 On ART	90 - 3 VL Suppression
MSM	54,144	24,078	16,128	11,751
TG	2,501	868	556	372
MSW	3,650	533	285	197
FSW	1,734	580	306	207
PWID	4,038	2,277	1,567	1,290



PrEP uptake in Thailand, by service delivery model



How differentiated services for key populations fills gaps

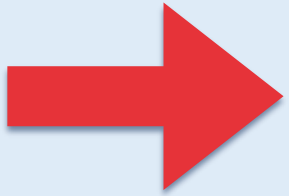
- Located in **hot spots**
- **Flexible service hours** suitable for KP's lifestyle
- **One-stop** service

- **Needs-based** and **client-centered** services

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

What are the benefits of private facilities?

- More privacy
- More convenience
- Faster and more flexible service
- After service care



Decrease the feeling of being stigmatized

Clinic establishment

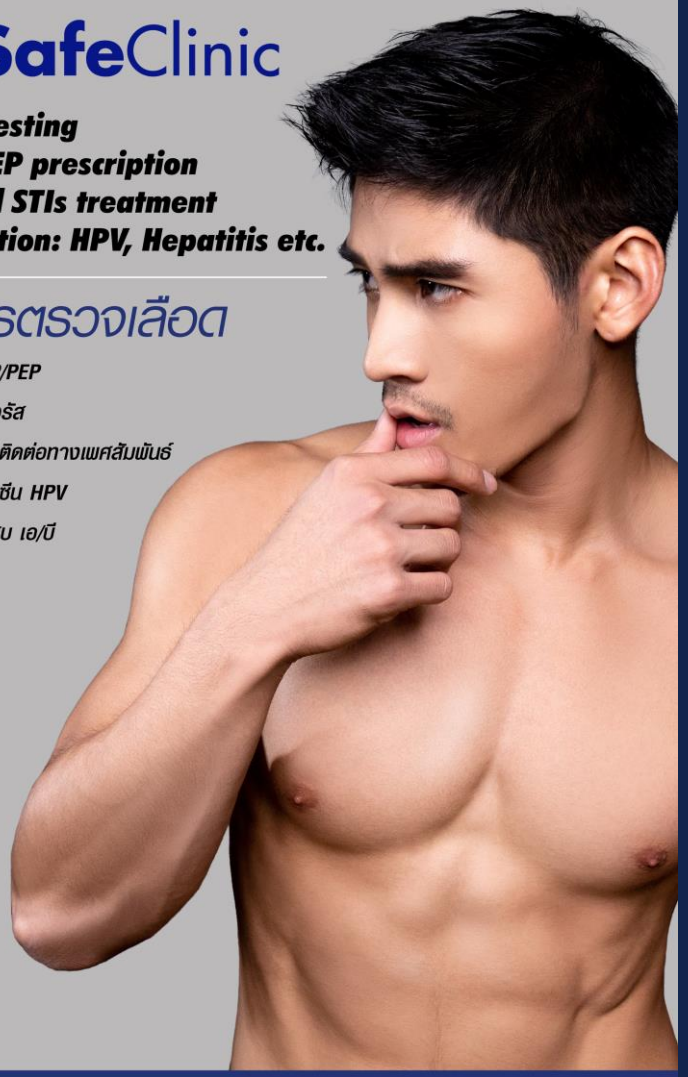
- Safe Clinic has been operating since June 2019.
- Aiming to serve those who feel uncomfortable to go to public facilities.
- Not specifically advertised as an LGBTQ or gay clinic
- Concept: Convenient, Fast, Private, and Professional

SafeClinic

Blood testing
PrEP/PEP prescription
HIV and STIs treatment
Vaccination: HPV, Hepatitis etc.

บริการตรวจเลือด

จ่ายยา PrEP/PEP
จ่ายยาต้านไวรัส
และรักษาโรคติดต่อทางเพศสัมพันธ์
บริการฉีดวัคซีน HPV
ไวรัสตับอักเสบ เอ/บี



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Bangkok Thailand 10110

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Opening Hours
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PrEP/PEP prescription
HIV and STIs treatment
Vaccination: HPV, Hepatitis etc.

บริการตรวจเลือด

จ่ายยา PrEP/PEP
จ่ายยาต้านไวรัส
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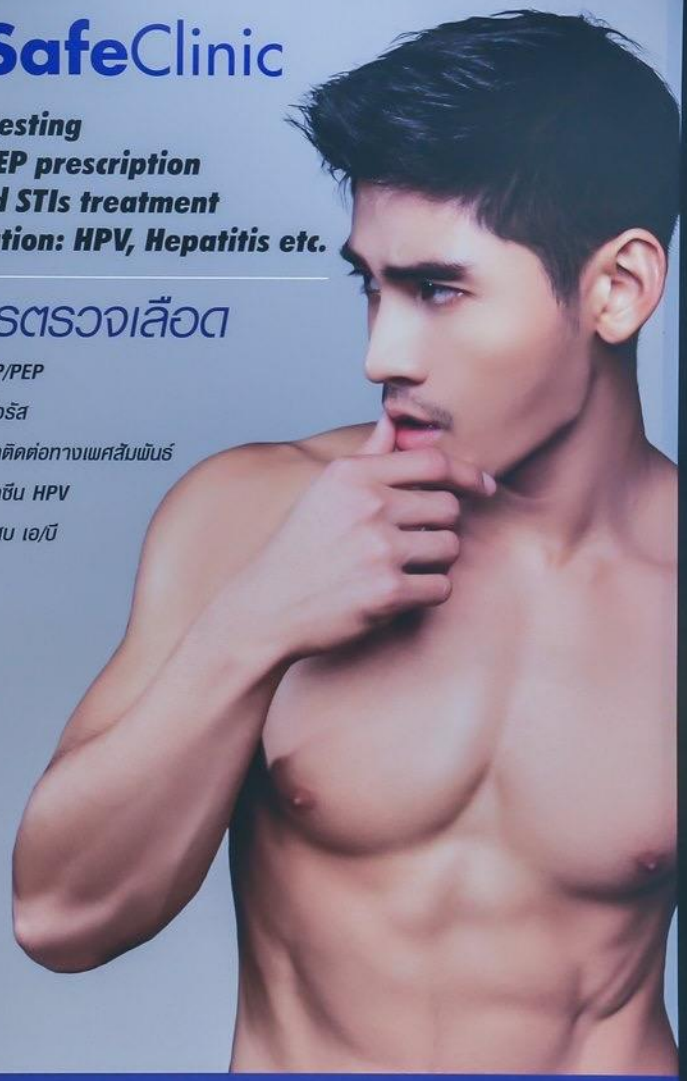

Our services

- Blood testing
- PrEP/PEP Prescription
- HIV and STDs diagnosis and treatment
- Vaccination: HPV, Hepatitis, Influenza etc.

From June 2019 to February 2021

- More than 5,700 clients have been registered
- About 5,000 HIV testing has been performed
- About 1,200 PrEP and 1,500 PEP have been prescribed
- About 180 cases of HIV+ (70 cases decided to have a treatment with us. The rest have been referred to public facilities.)
- About 600 cases of other STDs

How we handle services during COVID-19

- Many HIV patients could not reach or contact their healthcare providers (both in and outside Thailand).
- Their medicines are running out.
- We have mailed ARV supply to more than 50 clients during the lockdown.

Key important facts

- There is no perfect facility that could fit everybody’s needs and conditions.
- It’s better if we, as a healthcare provider, can offer them “choices” to choose.
- Take times with PrEP/PEP and ARV patients to educate them.
- Having effective channels that patients can contact back when they have more questions is very important.
- When it comes to HIV and STDs “money” is not always an issue but “privacy” is.

Adapting decentralized drug distribution models to meet the needs of key populations

Decentralized Drug Distribution (DDD) Learning Collaborative

Oscar Radebe
Project Director, EpiC, South Africa

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South Africa: Client-centered differentiated service delivery model

- Aim:To reduce HIV incidence and mitigate the impact of HIV among men who have sex with men in South Africa by utilizing a client-centered differentiated service delivery model that provides a comprehensive package of services and interventions for MSM, ranging from hotspot-based coverage within geographic locations to virtual online to offline approaches. This model is supported by Peer navigation and case management to improve client retention and compliance to PrEP and ART overall.

Drop-in-Centres(DIC) and Mobile services linked to DOH sites

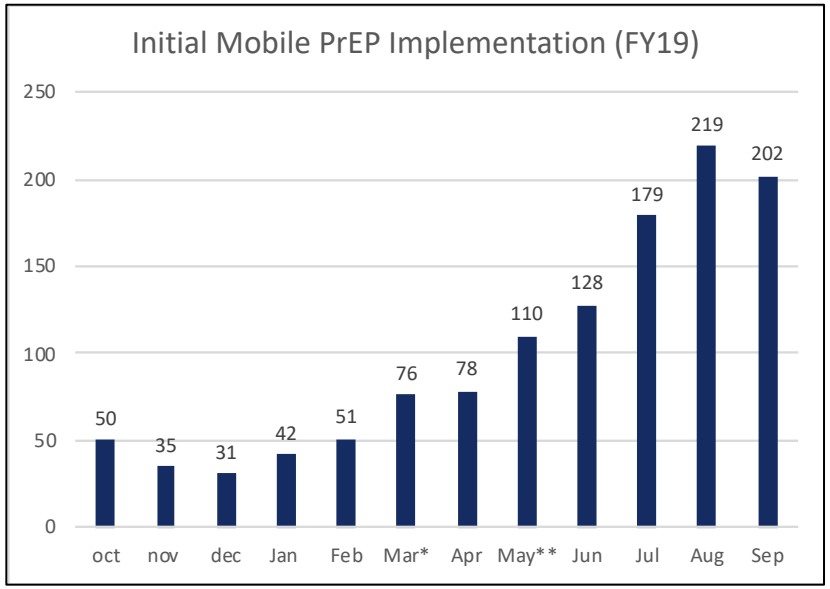
Differentiated Service model (Spokes and Wheel Model):

- **Drop-in-centres (DIC) and Mobile services:**
  - HTS services, HIVSS, TB screening & TB prophylaxis, STI screening & Treatment, PEP, ART and PrEP initiation.
  - We do condom distribution, lube and IEC materials
  - **DSD staff:** NIMART nurses, HTS co-ordinators ,Peer Educators, Peer Mobilisers, HTS counsellors &Peer Navigators**.**
- **Mobile Community Outreach services:** provide ART and PrEP Routine Pickups in community settings. This is linked to Peer Navigation and case management system to reduce LTFUP.
- **To improve case finding:** EPOA (NEW), INDEX testing, Microplanning (NEW)
- All services are linked to DOH facilities at district and sub-district level to ensure continuity of care for KP MSM clients and beneficiaries.
- All MSM clients on ART and PrEP are linked to Tier.net and report to Province and districts as per reporting agreements.

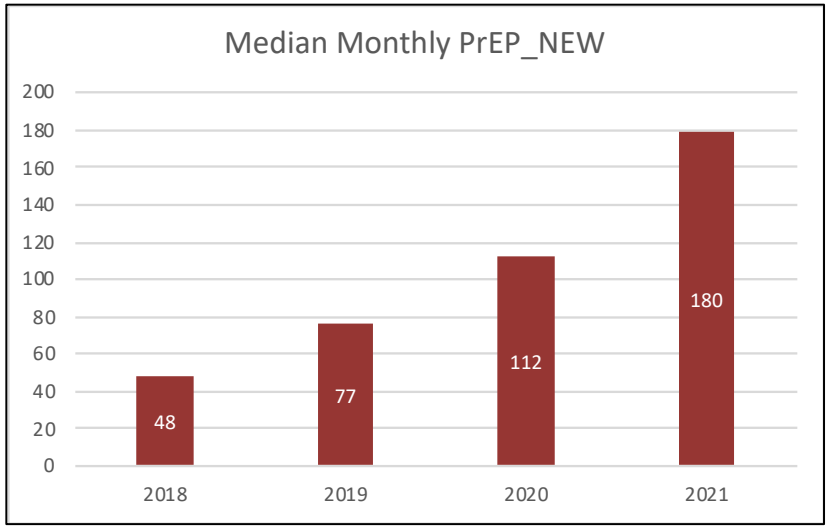
Address Violence Prevention and Response (VPR) for MSM: Engage Men's health and CT/ANOVA: work with OTHER LGBTI CBOs to refer people reporting violence.

Mobile PrEP Implementation

- Anova's PrEP implementation has taken place since 2015 through a facility-based demonstration project
- Mobile-clinics deployed in FY19 to supplement clinic-based activities
- Median monthly PrEP initiations increased from 48 to 101 following implementation of mobile-based PrEP services in FY19.
- Moderate impacted of COVID lock downs in 2020 but now maintain a median of 180 initiations per month.
- Mobile PrEP is necessary and useful strategy to support PrEP education and initiation of clients unable to access PrEP locally or travel to clinic



* Mobile services introduced ** Expansion of mobile units

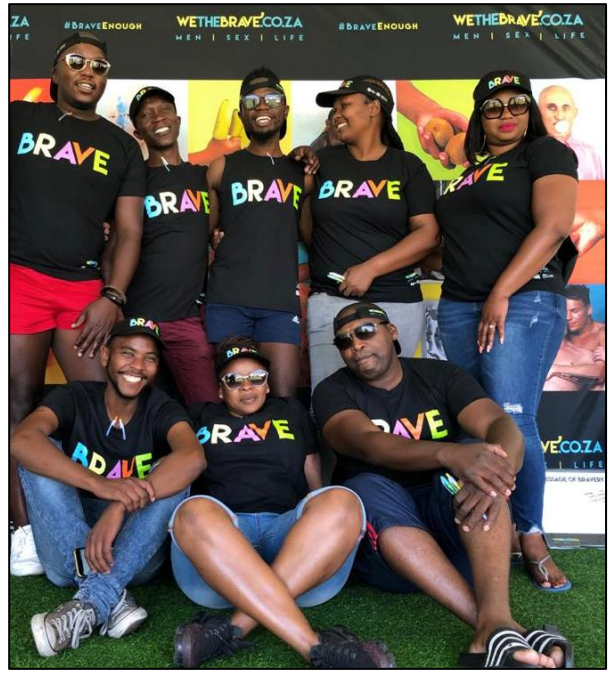


Mobile PrEP Implementation

- PrEP clients are reached through social media, a WhatsApp-based case manager, and in person through mobile units deployed across Cape Metro.
- Marketing efforts direct clients to Call4care for referrals to most accessible service since mobile unit deployment is based on need, client flow ups, and availability of services.

Online advertising directs clients to Call4care, a WhatsApp-based peer navigation service

After assessment, clients are direct to clinic or are linked to appropriate mobile unit



Mobile PrEP Implementation

- Facility-based retention officers and case managers coordinate PrEP (and ART) follow up visits with mobile team leaders to ensure mobile clinics are in place in key geographic locations accessible for clients.
- Home deliveries for PrEP are limited due to capacity (we prioritize ART medication delivery) but some may scheduled as needed to support hight risk clients.
- All PrEP clients can engage case managers through Call4Care in order to identify the best strategy for follow up.
- Case managers have access to mobile clinic deployments, facility-based appointments, and other referral sites (include private health care) to suit clients needs.

Team leaders facilitate mobile unit deployment with retention officers to optimize client follow up and retention

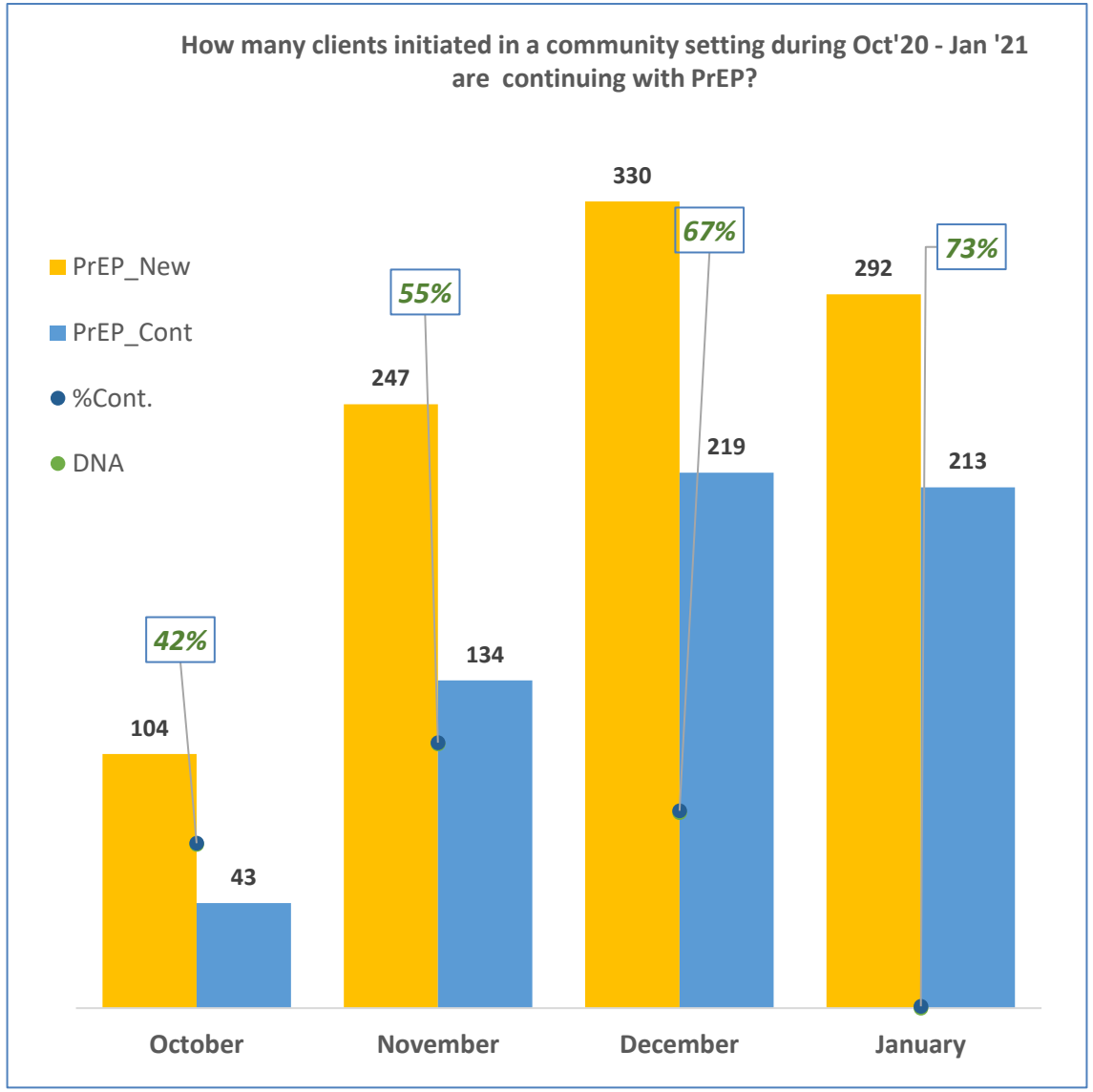
EMH PrEP Processes

- Since November 2020 EMH introduced a more stringent criteria for PrEP Initiates
    - 1. High Risk (Risky sexual behavior incl substance abuse indicators)*
    - 2. Ability to take PrEP (disclosure barriers; clinical eligibility)
    - 3. Willingness to take PrEP (oral tablet daily)
- *low risk clients explicitly requesting PrEP are serviced
- Stringent case management monitoring:
    - Telephonic follow-up reminders
    - Laboratory services feedback within 14 days
    - Reasons recorded for discontinuation of PrEP
    - LTFU process for “Did not attend”(DNA) clients for up to 3 months

- Strong logistical processes:
    - Follow-Up available at all community events with or without an appointment
        - (client history available online)
    - Home deliveries available for hard to reach MSM in under serviced rural areas

- During Covid, the team was innovative with retention approaches including MMD and Home Deliveries, hands on Peer Navigation with boots on the ground.

Update on PrEP Retention



- 63% of clients initiated in a community setting in the 1st four months of the funding year are continuing PrEP
- 70% of clients initiated in the clinic setting in the 1st four months of the funding year are continuing PrEP
- However, 81% of our PrEP_New achievement uptake came from community outreach strategies and only 19% was initiated in a clinic setting
- Case management for PrEP clients, follow-ups in the community settings and home deliveries requires intensive monitoring and logistical processes but essential to successfully service and retain MSM in care.

DD Model: DIC and mobile initiate and provide refills for ART and PrEP.

- All MSM clients engaged at DIC and Community Mobile are encouraged to initiate and continue ART and PrEP in our program.
- Comprehensive post-test counselling is conducted to identify barriers to care and addressed them immediately.
- MSM Clients that indicate fear of disclosure are offered to pursue an option that they will comfortable:
  - Continue treatment closer to their workplace rather than their home where they are not known
  - Use DIC facilities instead of community mobile services.
  - Post office delivery as last resort but will be at the client cost
- MSM clients that tried our services but subsequently opt to use DoH services, Private health centres or other NGO facilities receives a Transfer Out Letter generated by TIER.Net
- All linkages are verified by our Peer Navigators and Linkage officers
- All clients receives reminders via SMS the week prior to their next follow up visits. All stable MSM clients receive currently minimum 3 MMD.

Community Pick-up……

- All mobile teams have a set Pick up Point per Region in the geographical area where they are working.
- A roster/schedule is shared with MSM clients to know the time and location of the next pick-up point per week.
- MSM Clients are referred to the Pick up Points during their telephonic booking reminders.
- If pick up is not possible, clients are scheduled for a home delivery if its safe to do so.

"Home deliveries"…

- Clients at risk of falling out of care, are prioritised for home deliveries.
- In addition, due to the fact that we have one designated team region, they built relationships in the community, encourage groups of MSM to gather for ART pick-ups or group deliveries together by ward to ensure more efficient follow-ups.
- The Peer Navigation team has one Enrolled Nurse + Driver to service districts where there is a higher follow-up burden**.**
- A pre-packed parcel is delivered to the client's home in a sealed white paper bag sealed with a Engage Men's Health sticker.

Thank You

Using DDD models to increase access to services for KPs in Botswana

Decentralized Drug Distribution (DDD) Learning Collaborative

Masego Gilbert
Senior Technical Advisor, EpiC, Botswana

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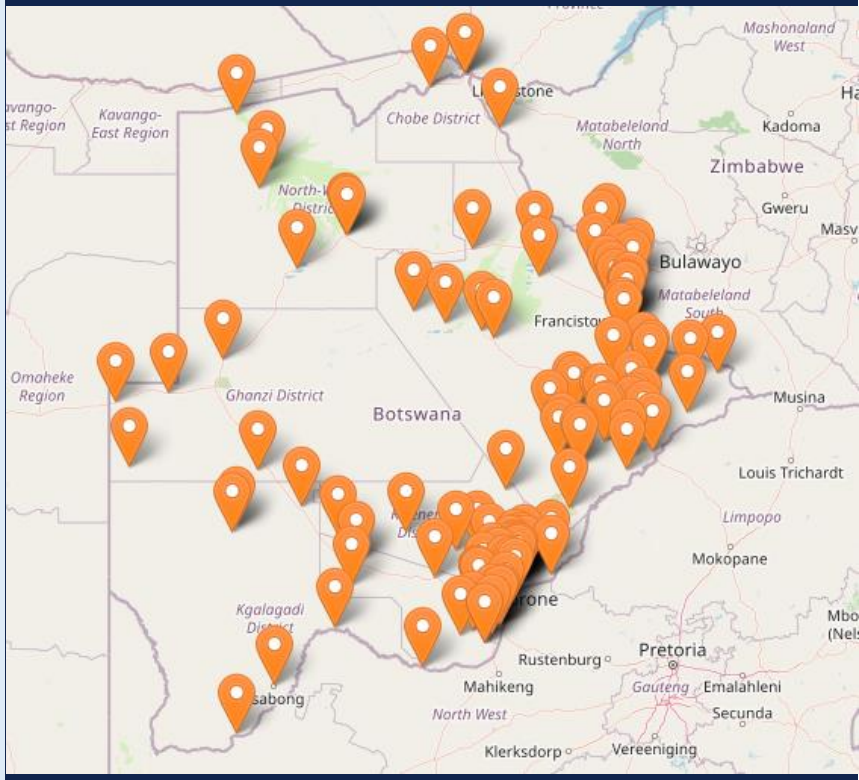
Background

- **HIV prevalence**: 20.7% (3rd highest) (UNAIDS 2019)
- 48.2 % among FSW and 25% among MSM > 30 years old
- **HIV cascade**: 92%-82%-79% (UNAIDS, 2020)
- VL coverage among KP was 83% by June 2020
- **2 DDD models introduced by EpiC as client centered approaches to ensure continuity of service during the COVID-19 pandemic**
  - Home delivery via postal services
  - Decentralized VL testing to private laboratory

A) Botswana Postal Services

- Provides mail and courier services
- Has established widespread access across the country
- Widely used in rural areas as well by pensioners, social grants, funeral policies
- Has existing contract with Central Medical Stores (CMS) for distribution to health facilities nationwide
- MoU between FHI360 and BPS
- Clients given service at no cost



Over 50 Post office locations in Botswana

Home delivery model

Health facility

BPS

BPS warehouse

BPS

Delivery to clients

BPS

1 **Health Facility**

- **Eligible clients** [>6 months on ART, Virally suppressed, Not due for clinical review] are identified and called to offer home delivery
- Clients who **opt into home delivery** are documented and the **e-waybills** are created to order their deliveries
- **Drugs are packaged** for delivery
- **BPS collects** the packages [including 3-month supply of ARVs, an appointment card with the next appointment date and a VL test referral form if due before next clinic appointment date]

2 **Packages are received and taken to the BPS warehouse for sorting**

- BPS pharmacy personnel sign-off
- Packages sorted by location
- Drivers assigned
- FHI360 billed (~4$ per delivery)

1st delivery attempt: MORNING

3 **Packages are delivered to each client to preferred location at preferred times**

- **Confirmation of receipt** if documented by each client
- **Digital scan & sign-off** completed for each successful delivery
- Unsuccessful deliveries are recorded
- 2nd attempts of deliveries are made on the same day
- Packages are trackable 24/7
- Process is repeated at each delivery point

BPS

2nd delivery attempt: AFTERNOON

4 **Packages with unsuccessful deliveries are returned back to the health facilities**

- Sign-off of the receipt of undelivered packages by FHI360

BPS

Health facility

5 **The delivery order with BPS is complete**

- **Records are updated at the facility (successful/unsuccessful)**
- **Adherence support and monitoring is provided by peer navigators**

Home Delivery Summary (Oct. 1, 2020 - Present)

Due for refill :
777

76%

Screened eligible:
585

100%

Contacted among screened eligible:
585

82%

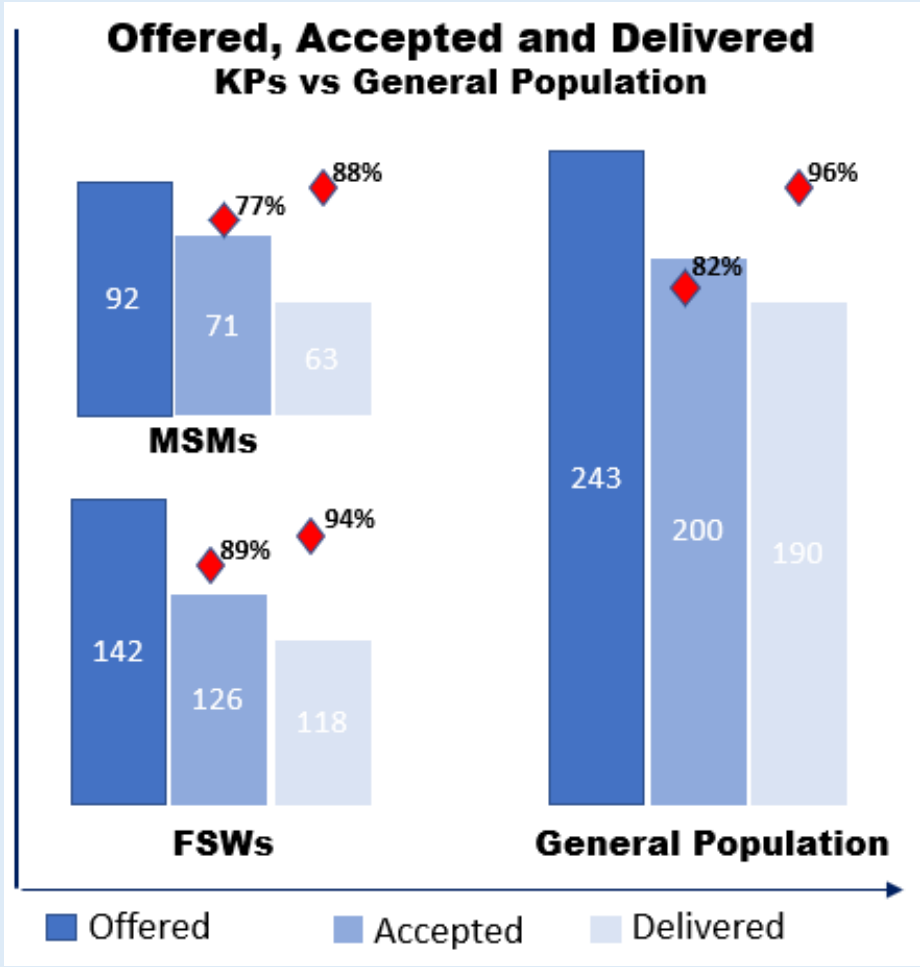
Reached and offered among contacted:
481

83%

Accepted DDD among reached and offered:
398

93%

Number of deliveries completed:
371



General Population
190
51.2%

Key Population
181
48.8%

371

Decentralized Viral load testing

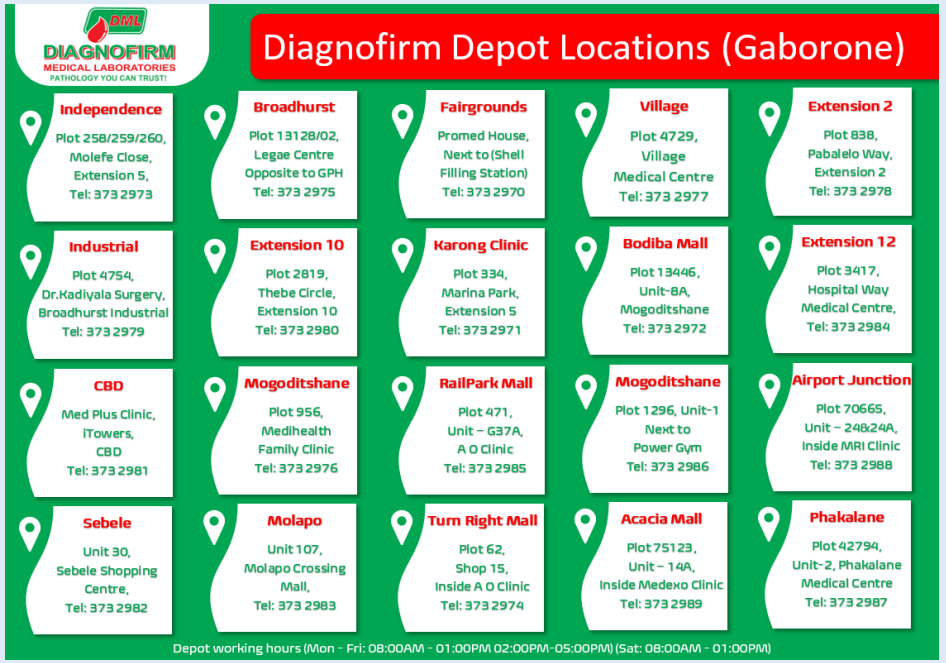
- Selected Diagnofirm Medical Laboratories (DML):
  - Wide network of collection points: **35 laboratories/collection points across Botswana**
  - Capacity to provide 500 VL tests a week
  - 24-hour turnaround-time
  - Accreditation
- Negotiated a unit price for VL test- $20 paid by FHI360
- DML provides:
  - Sample collection, analysis and reporting
  - Results electronically via portal or by email
  - Client notification when results are ready for collection
- Tebelopele Wellness Clinics
  - Identify clients who are eligible for VL monitoring
  - Refer clients to DML for sample collection or collect samples at the facility and transport to DML

Dear Sir

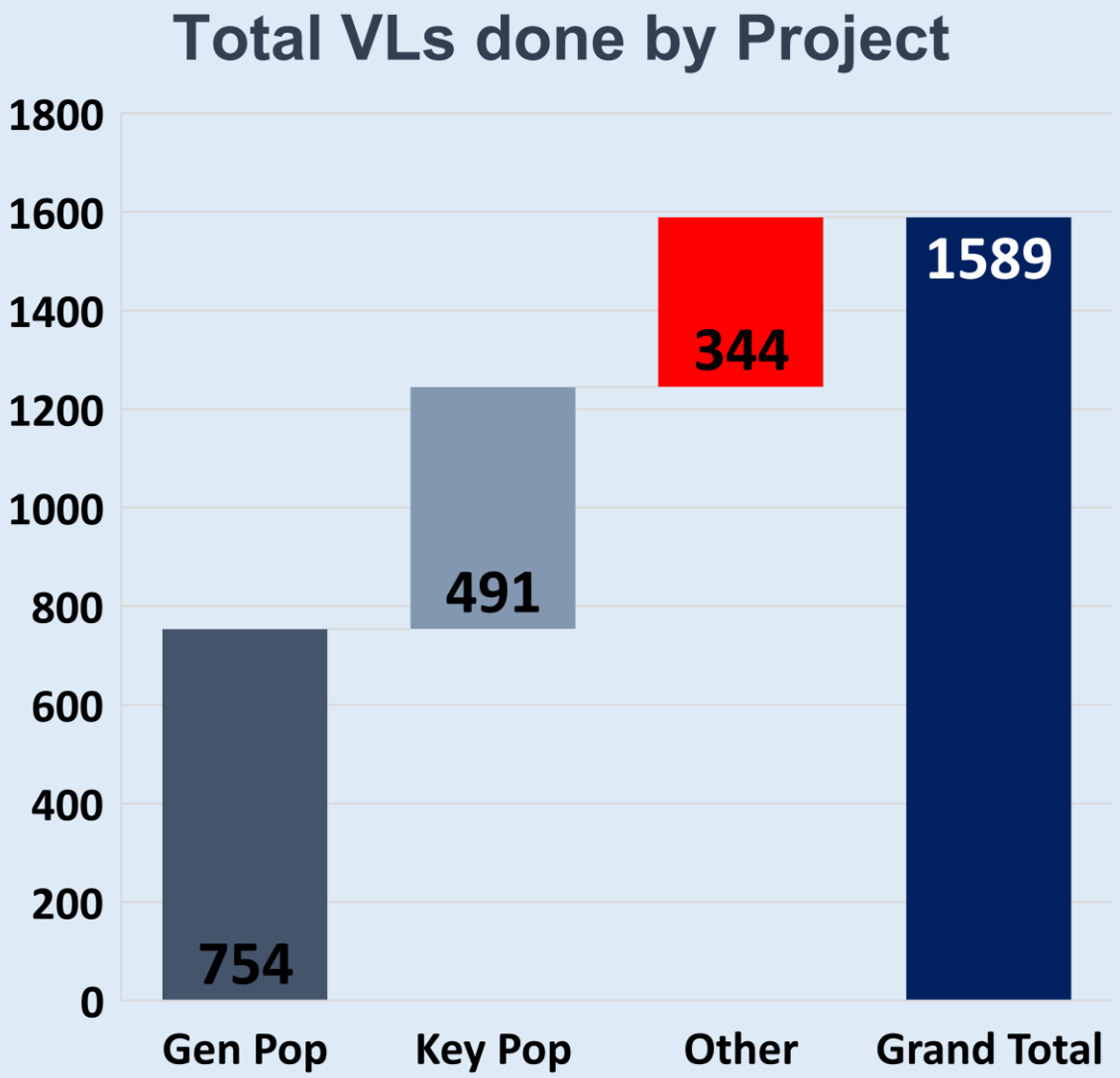
Sub: Quote for the tests – reg

As desired your office, we would like to provide price per test based on volume;

Test	Volume	Basic Price (US $)
HIV Viral Load	0-2500 Tests Per Month	22.50
	2500-5000 Tests Per Month	20.00
	Above 5000 Tests Per Month	17.50



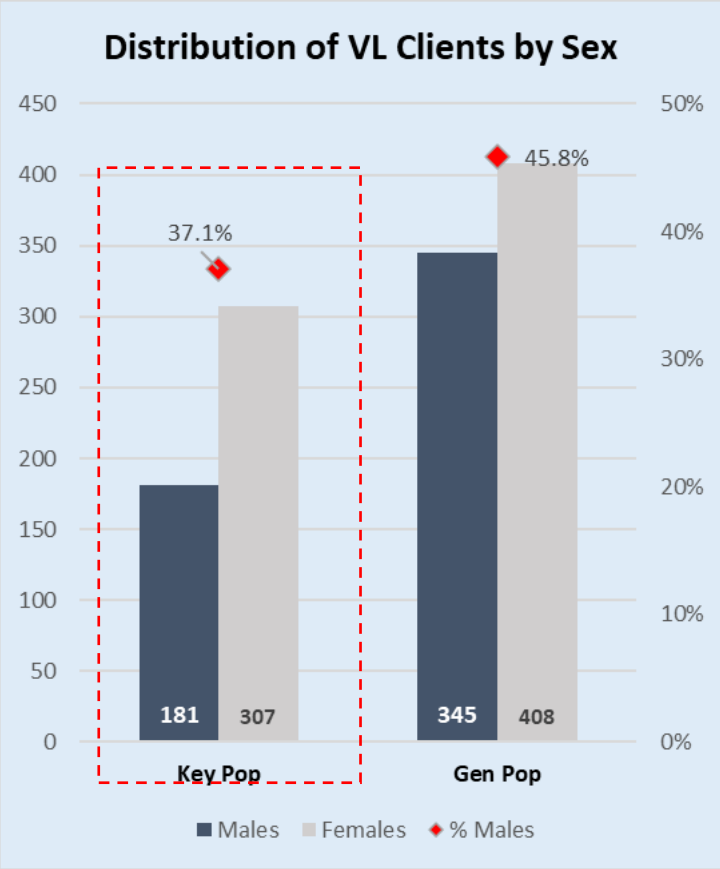
Achievements Sept 2020-Mar 2021

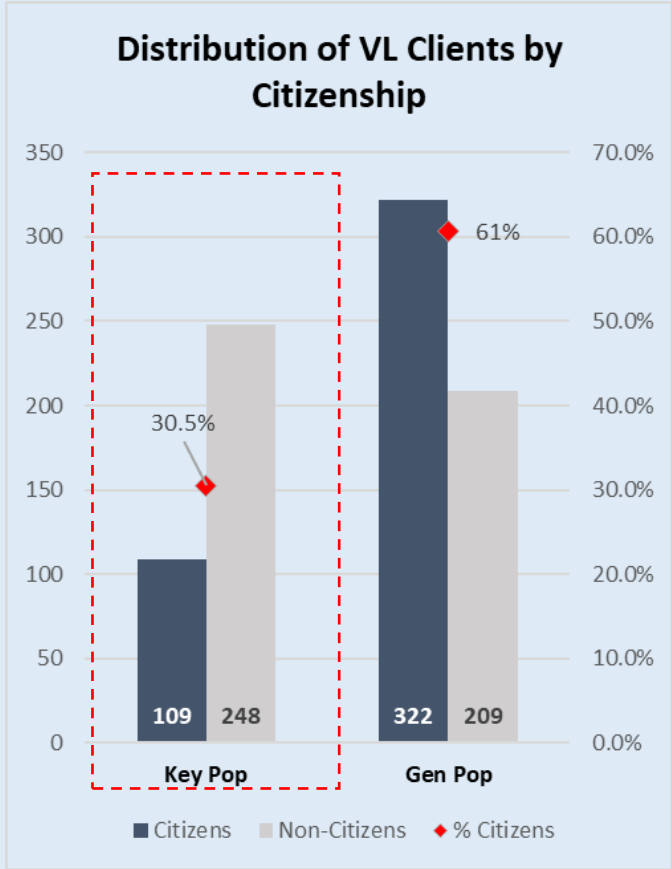


Cumulative results by implementing partners. Conducted 1,589 VL tests through private Labs.

- **47% (754)** are confirmed AGYW under APC 2.0
- **31% (491)** are Key populations under EpiC
- **22% (344)** are general population coming to Men's services and TWC as a VCT site providing integrated service

Distribution of VL clients by sex and citizenship

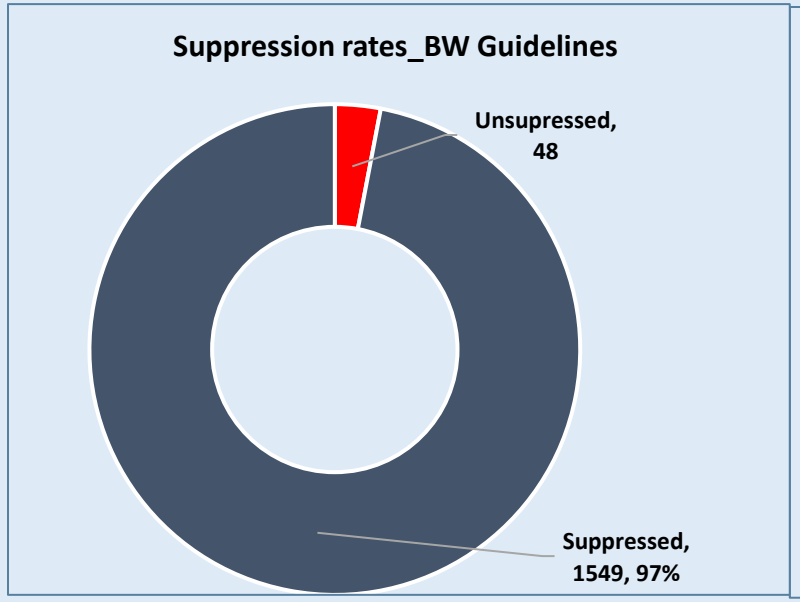


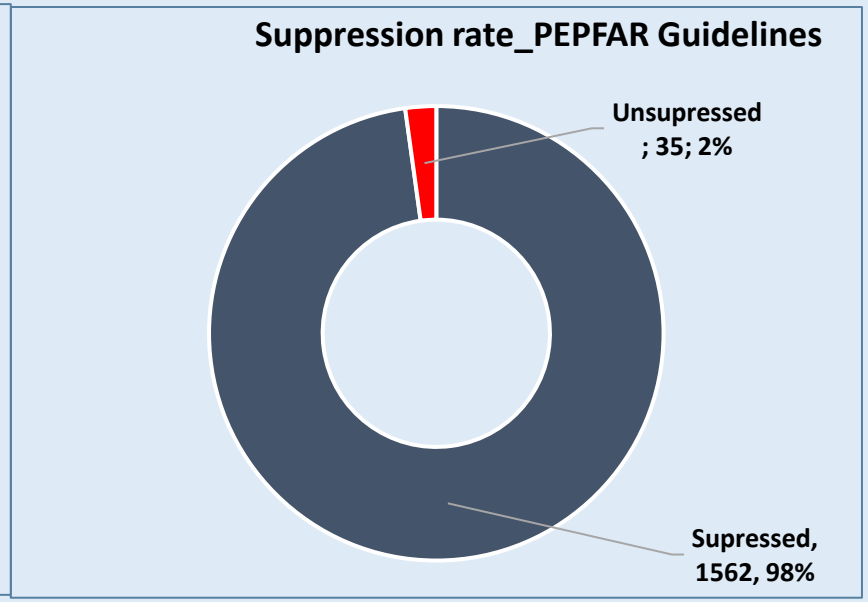


- 30% (181/610) of MSM accessed VL testing through DDD
- 30% (307/1014) FSW tested through DDD

Overall, DDD increased VL coverage from 84% in June to 96% by March 2021

Suppression Rates





Key Pop (474)

- **17/ 474** had detectable VL (>400) .
- Suppression rate
  - MSM is **97%**
  - FSW is **96%.**

Why the viral suppression rates are very good for KP

- Differentiated service delivery models like home based, drop-in centre
- Peer navigation has contributed to high adherence among KPs
- Virtual adherence support
- U=U messaging
- DDD models – private clinic

Lessons learnt

- DDD models are highly accepted by KPs living with HIV - recommended for scale-up
- Some barriers to HD model include:
  - poor physical planning in semi-urban settings- no clear-cut roads and street for physical address-
  - HIV associated stigma- some clients opt out because of concerns that this may disclose their status e.g. domestic workers
  - Mobile clients- opt out because they move from one odd job to another during the day
  - Automated dispensing models may address the above challenges
- Barriers to VL testing
  - The need for other blood tests not covered under DDD means clients come to the facility instead of going directly to collection points
  - Getting referral and lab requisitions forms to the clients, esp those without smart phones

Video Presentation: Sustaining HIV treatment continuity through the Jak Anter ARV home delivery system

Decentralized Drug Distribution (DDD) Learning Collaborative

Caroline Francis
Project Director, EpiC/LINKAGES, Indonesia

PEPFAR

USAID
FROM THE AMERICAN PEOPLE

EpiC
Meeting Targets and Maintaining Epidemic Control

Panel discussion

Dr. Tiffany Lillie
Facilitator

Dr. Chaiwat Songsiriphan
Panelist

Mr. Olefile Letsholo
Panelist

Mr. Blessed Dlamini
Panelist

Q&A

Have a question?

Ask us using the Q&A function.

Upcoming Session

Leveraging decentralized drug distribution models to meet the HIV treatment needs of children and adolescents living with HIV

Thursday, May 13, 2021

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

Register here

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.