DIFFERENTIATED SERVICE DELIVERY

COVID-19 WEBINAR SERIES for Communities in Asia-Pacific:

Impacts of COVID-19 to HIV service delivery

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14 August 2020

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Community-based organizations and innovative solutions to address interruptions to HIV testing, treatment and case management

SUPPORTED BY: USAID FROM THE AMERICAN PEOPLE, PEPFAR, LINKAGES Across the Continuum of HIV Services for Key Populations, fhi360

ORGANISED BY: apcom.org

We can leverage and adapt differentiated service delivery (DSD)

DIFFERENTIATED SERVICE DELIVERY

through reducing the frequency of visits (the “when”) and enabling services outside of health facilities (the “where)

Differentiated service delivery (DSD), or differentiated care, for HIV is a **client-centred approach** that simplifies and adapts HIV services **across the cascade**, in ways that both serves the needs and expectations of people living with and affected by HIV and **reduces unnecessary burdens on the health system.**

There is precedent for expediting DSD approaches during times of emergency

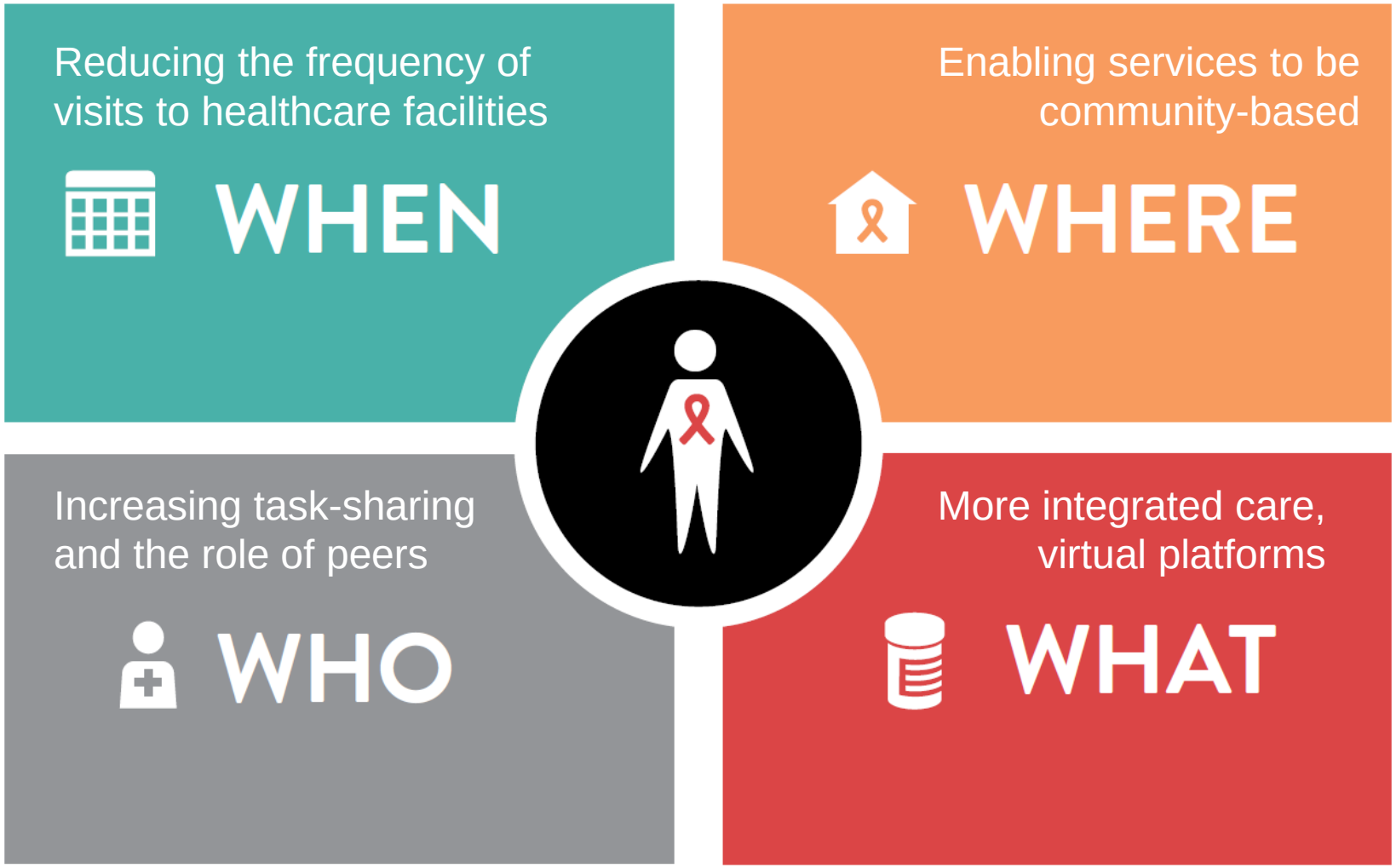
Guinea - During the 2014-2015 Ebola outbreak, people living with HIV were provided with 6-month ART refills[1,2]

Sierra Leone - During the 2014-2015 Ebola outbreak, peers started collecting and distributing ART refills to patients' homes or from community meeting points[3]

Central African Republic - In response to conflict in the in 2015, patients were provided with 6-month refills distributed by lay healthcare workers from decentralized peripheral health facilities[4]

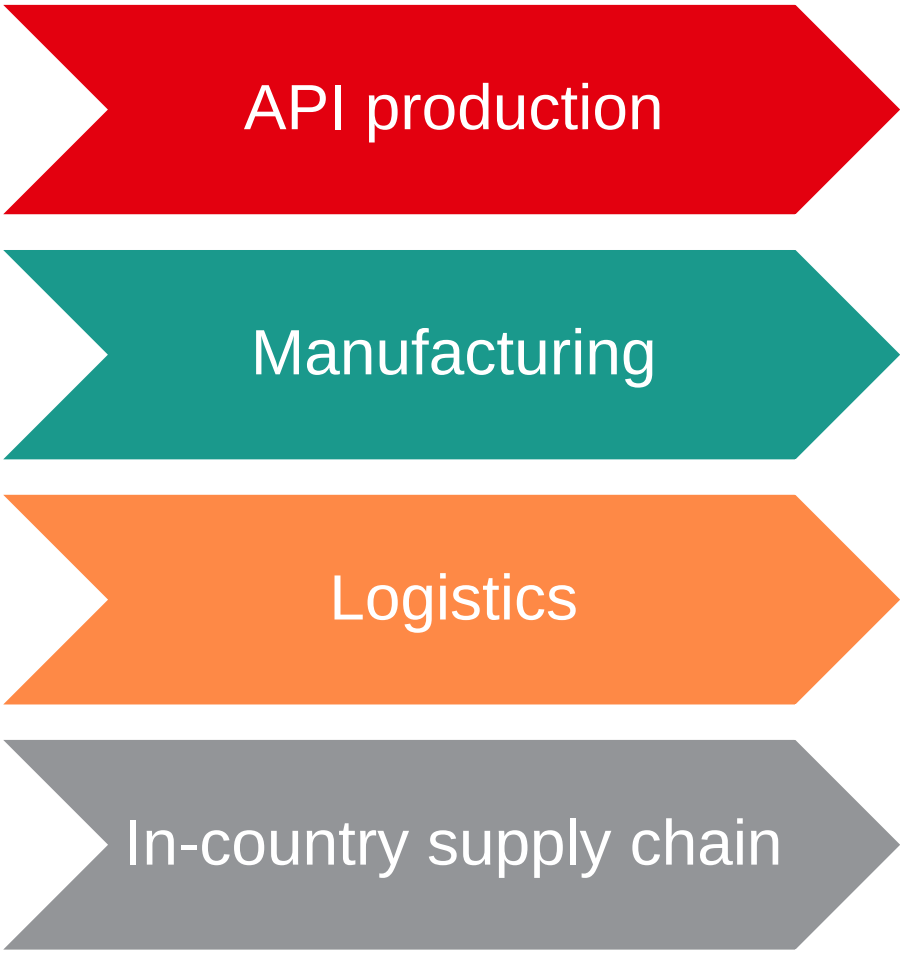
Mozambique – In 2019 during armed conflict, mobile clinics provided outreach and ART refills within communities[5]

The building blocks



The “WHAT” – antiretroviral therapy

Supply chain challenges



- Critical to look *across* the supply chain
- Need to also understand pre-COVID-19 challenges
- Further, need to understand what COVID-19 is exacerbating in terms of supply chain
- And finally, what is because of/caused by COVID-19

"Access to HIV medicines severely impacted by COVID-19 as AIDS response stalls"[1]

WHO HIV/HEP/STI COVID-19 country questionnaire
Completed by 84 countries, as of June 2020[2]

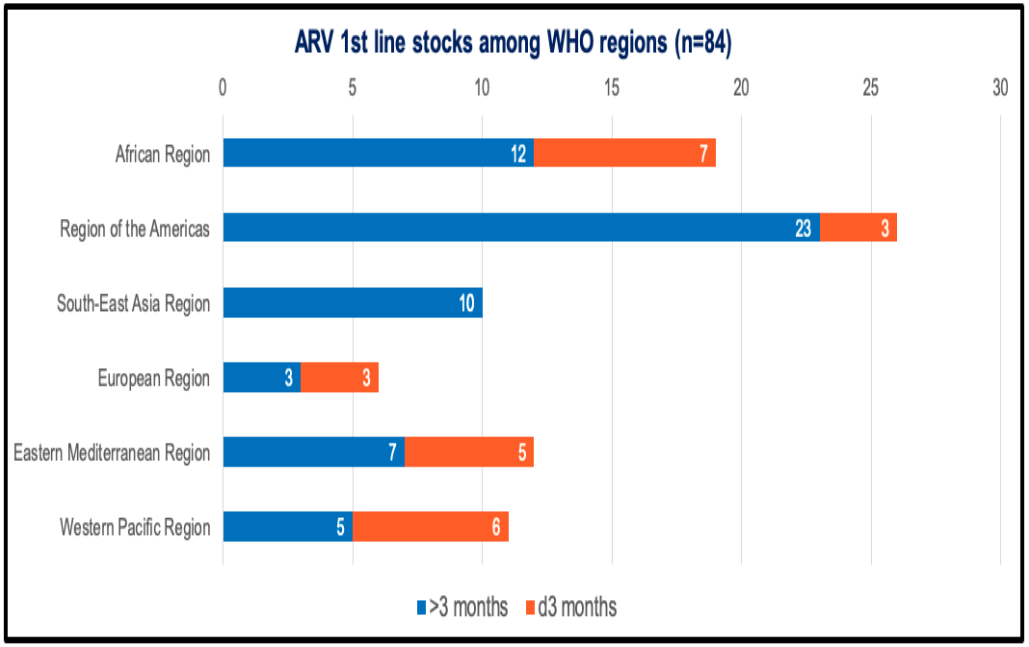


Figure 1: 1st line ARV stock availability, by WHO region

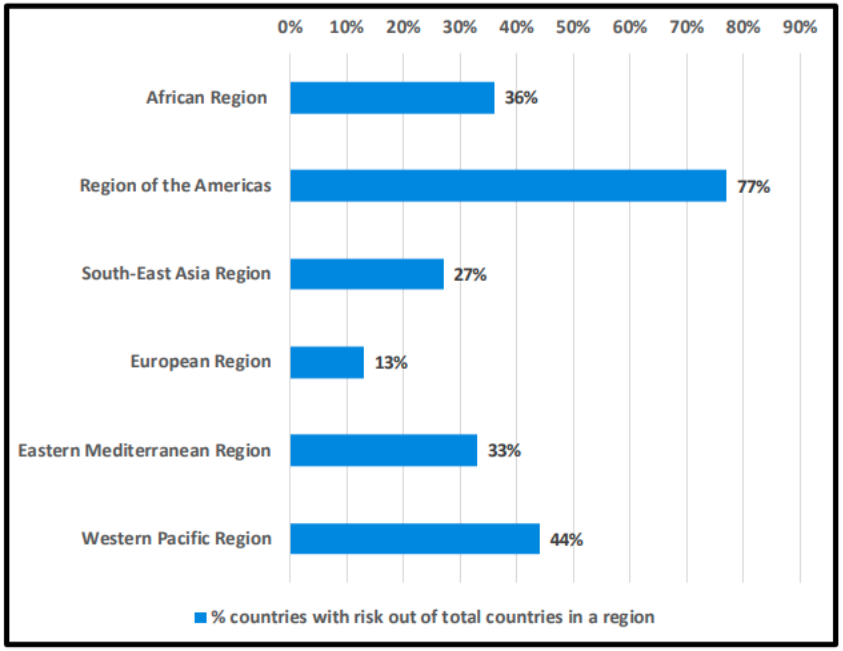
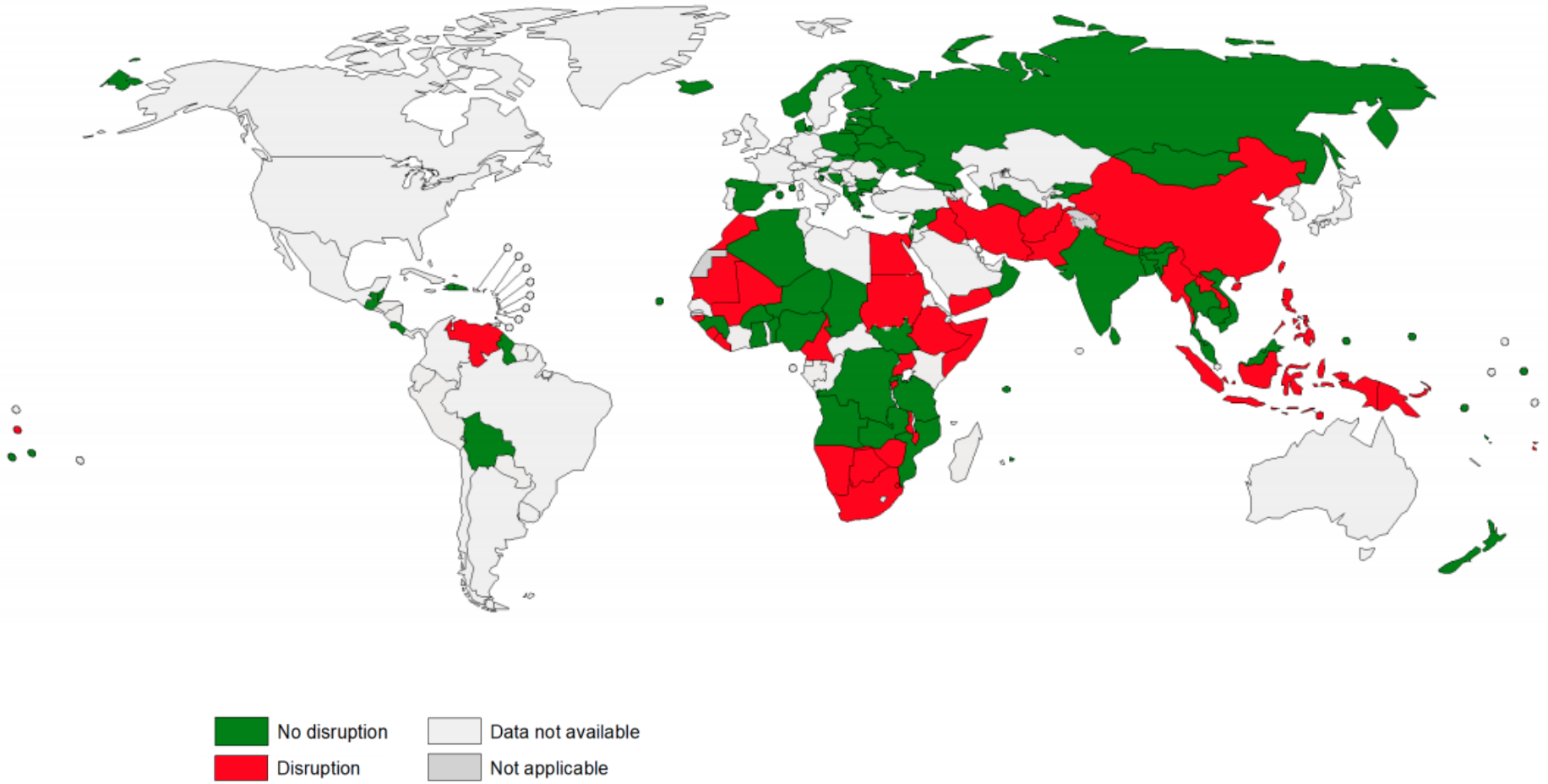


Figure 2: Percentage of countries with risk of ARV disruption, by WHO region

1. https://www.who.int/news-room/detail/06-07-2020-who-access-to-hiv-medicines-severely-impacted-by-covid-19-as-aids-response-stalls
2. Disruption in HIV, Hepatitis and STI services due to COVID-19, WHO, 8 July 2020

Countries reporting on ARV disruptions due to COVID-19, 2020

Preliminary results compiled from a survey conducted by WHO between April and June 2020



Impact of ARV interru

"Now remember, these are just scenarios, and extreme ones. We don't expect this to happen"

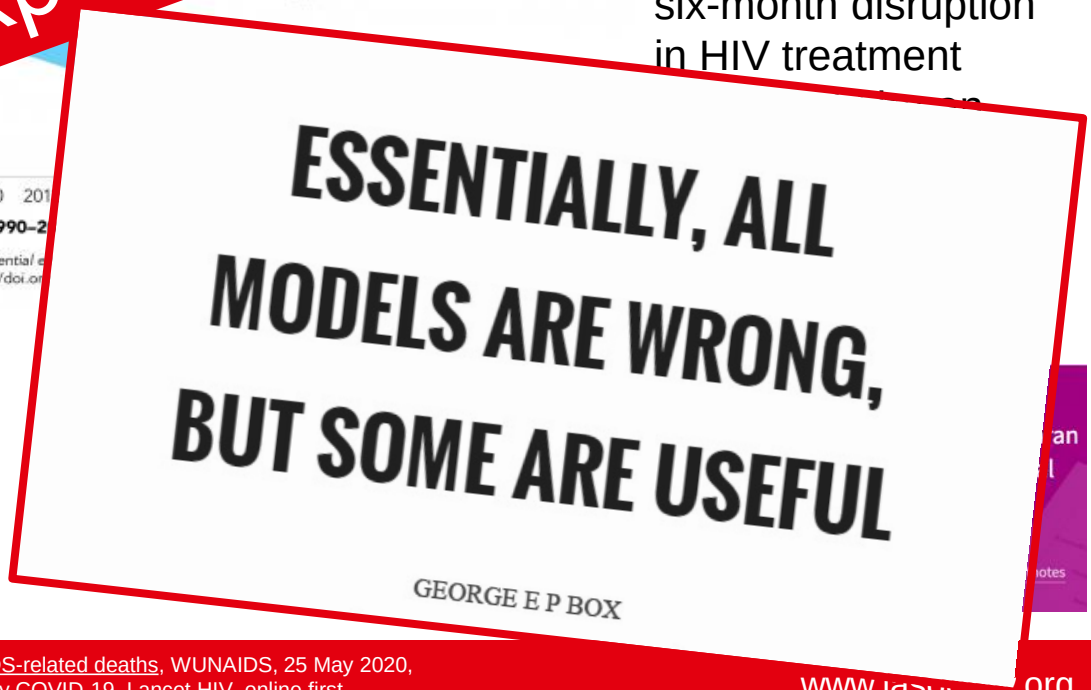
UNAIDS

"The modelling work predicted that with a six-month disruption in HIV treatment

11 May 2020 | Joint News Release

The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV

World Health Organization



The cost of inaction. WHO, May 2020, Modelling the extreme – COVID-19 and AIDS-related deaths, WUNAIDS, 25 May 2020, Potential effects of distribution to HIV programmes in sub-Saharan Africa caused by COVID-19, Lancet HIV, online first.


Do You
Want To Up
Your Game
To Create
positive
Change?

1. EXPAND ACCESS TO DSD FOR PEOPLE ON ART

- Increase access by reducing and changing eligibility criteria
  - REDUCE CLINICAL CRITERIA
    - Reduce the time on ART required
      - Include those who have just initiated therapy
      - Include those who have recently transitioned to DTG
    - Remove the requirement to have a recent, suppressed viral load
  - CHANGE TO INCLUDE SPECIFIC POPULATIONS
    - Expand to include children and adolescents, pregnant and breastfeeding women
    - Accelerate for those most at risk of COVID-19 morbidity and mortality (including older populations and those with co-morbidities)

2. INCREASE OUT-OF-FACILITY/COMMUNITY OPTIONS

Recommended* in country policy guidance (HIV service delivery during COVID-19) in:

-Cote d'Ivoire
-Eswatini
-Ethiopia
-India
-Kenya
-Lesotho
-Mozambique
-South Africa
-South Sudan
-Tanzania
-Uganda
-Zimbabwe

Recommend **expanding either the number of models or number of clients accessing treatment in these models. In most cases, builds off existing policy support.*

Community models include:

I. Client-managed groups

- Community Adherence Groups

II. Out-of-facility individual models ("decentralized [drug] distribution")

- Community pharmacies/distribution points
  - *Community-based organizations*
  - *Lockers/automated dispensing*
  - *Other community venues*
- Drop-in centers
- Private pharmacies/hospitals
- Mobile clinics
- Home delivery
  - *Peers*
  - *Courier – including bicycle courier*
  - *Healthcare workers*

OUT-OF-FACILITY DSD FOR ART MODELS IN ACTION

Mobile services via e-bikes to key populations, Philippines

READ MORE

Private pharmacies, Nigeria

LEARN MORE

Peer home delivery via bike, Uganda

READ MORE

Peer home delivery, Kyrgyzstan

READ MORE

Home delivery by peers on motorbike, India

READ MORE

Physically distanced Community Adherence Groups, Sierra Leone

LEARN MORE

Community locations, South Africa

3. INTEGRATE OTHER HEALTH SERVICES

- DSD is client centered, and therefore delivery must take into consideration other needs
- Consider what should be integrated *in your context*
- For example, ensure alignment of refills for TB preventive therapy and contraceptive care

Eswatini - Community Adherence Groups to collect ART, TB, NCD, Family Planning and PrEP for those who live close by, TPT, CTX and fluconazole refills to align with ART

India – TPT refills extended to 3MMD, commodity distribution to “high risk”

Uganda and Zimbabwe – TPT refills aligned with ART, follow-up with phone monitoring

4. EXTEND ART PRESCRIPTIONS AND REFILLS

- **<u>Refills</u> should be extended to a minimum of 3 months** with 6-month refills permitted where stock allows; even if only as a once off or only for a specific regimen
- **All ART patients not yet clinically stable should receive a 6-month *prescription*** at their next scheduled appointment and a minimum 3-month treatment supply to ensure the most vulnerable PLHIV reduce health facility visits unless unwell
  - Longer prescriptions will allow for flexibility should it not be appropriate for patients to return to a health facility after 3 months

FEATURE STORY

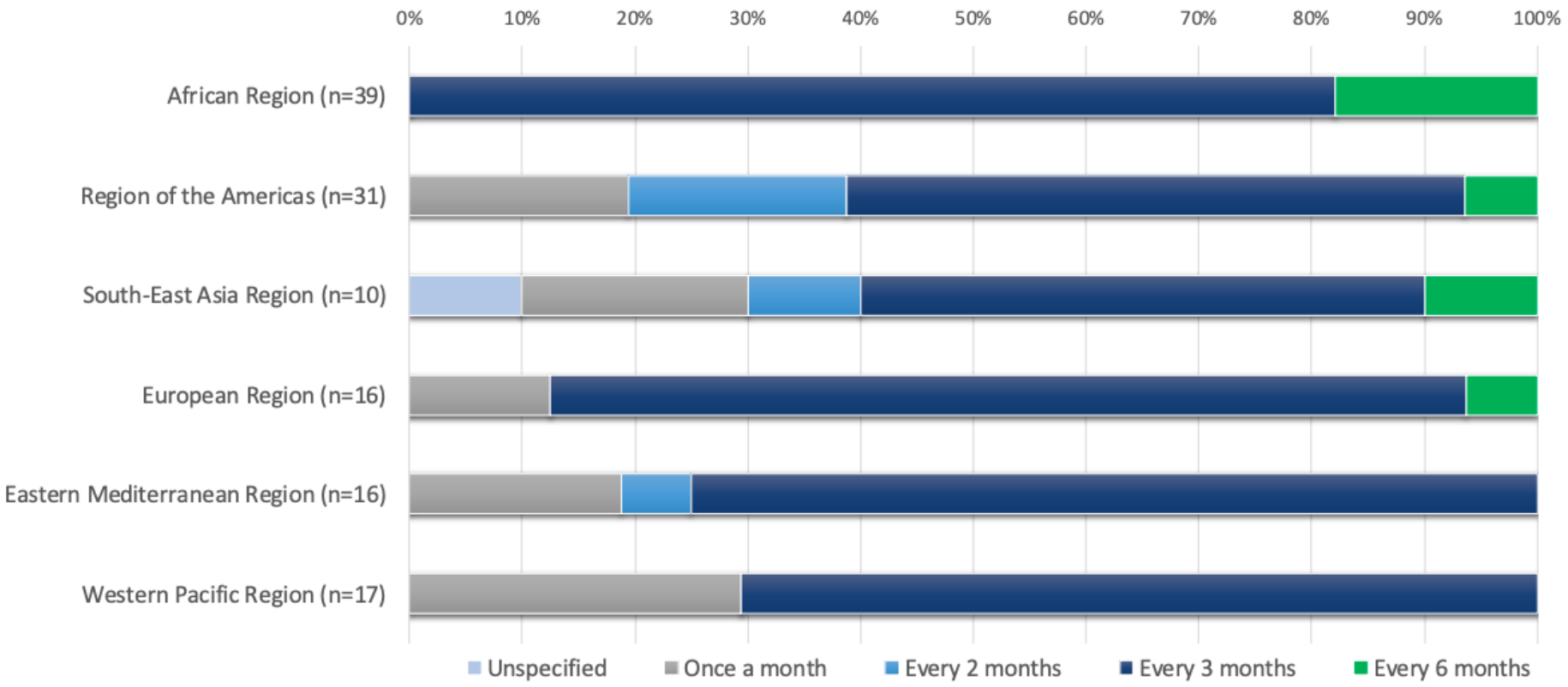
Thai hospitals to provide three- to six-month supplies of antiretroviral therapy

25 MARCH 2020

READ MORE

Countries with multi-month dispensing (MMD) policy per WHO region (n=129)

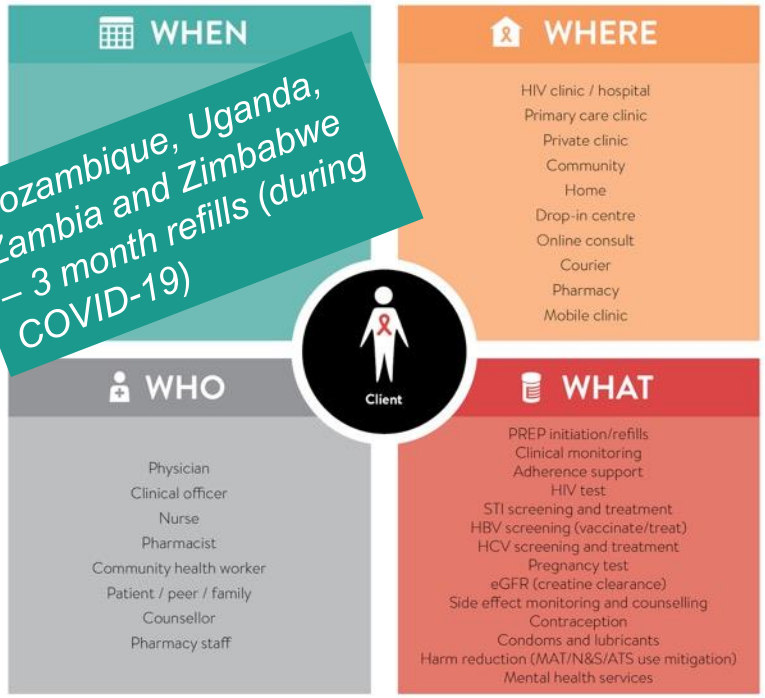
Preliminary results compiled from a survey conducted by WHO between April and June 2020



5. ADAPT DELIVERY OF PREP, HIV TESTING, AND INITIATION

Building blocks for differentiated PrEP

Longer PrEP refills with less frequent clinical monitoring



Mozambique, Uganda, Zambia and Zimbabwe – 3 month refills (during COVID-19)

Decentralized and closer to home (e.g. drop-in centers, community-led)

Support by peers, experts clients, nurses

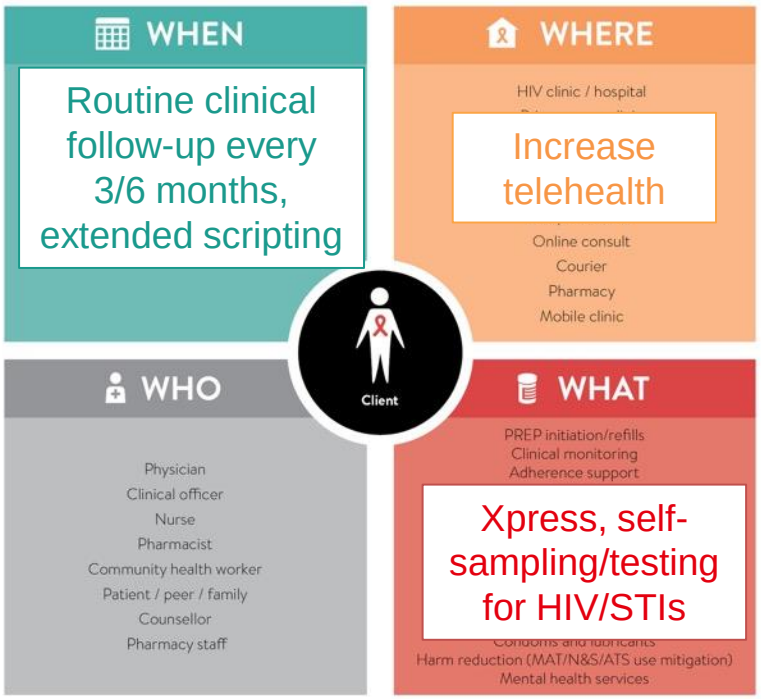
PrEP refills and comprehensive health services

Bringing PrEP closer to home: Why diversifying service models matters, *AIDS 2020: Virtual satellite*
HIV service delivery during COVID-19, national guidance

5. ADAPT DELIVERY OF PREP, HIV TESTING, AND INITIATION

Princess PrEP in Thailand

IHRI
WHERE INNOVATION MEETS IMPLEMENTATION

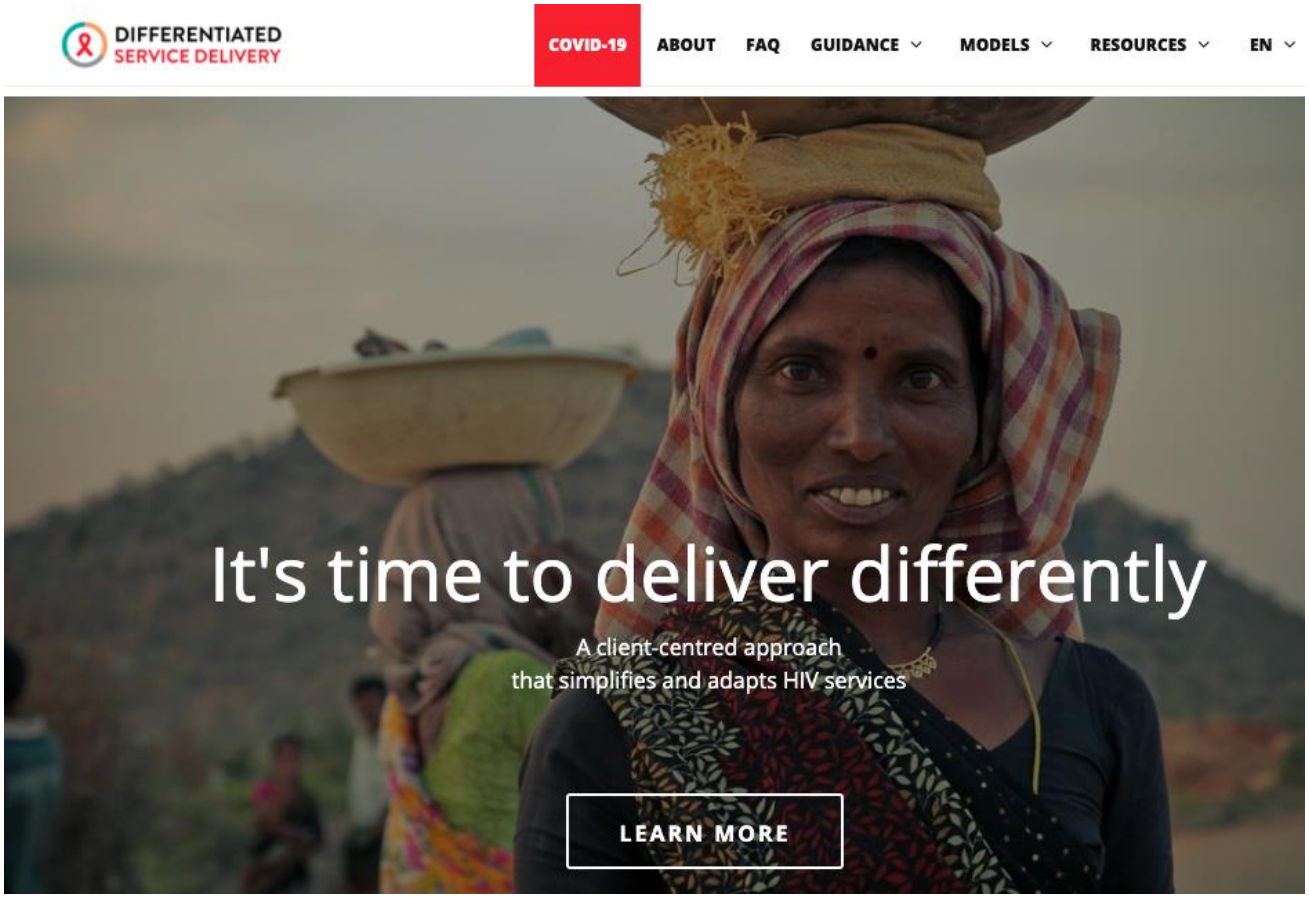


5. ADAPT DELIVERY OF PREP, HIV TESTING, AND INITIATION

- **HIV testing services**
  - Expand access to HIVST, including from health facilities
  - Community HIV testing is preferable to facility HIV testing during the COVID-19 pandemic
    - Community HIV testing points should be set up to ensure IPC
    - Community members testing HIV positive should be initiated on ART at the community testing point on the same day
- **For PLHIV not yet on ART**, informing them about the importance of taking ART to strengthen their immune system is now more critical than ever
- **PLHIV without COVID-19 symptoms should be started on ART on the day of diagnosis**, preferably on a DTG-regimen, at the location of the diagnosis and provided a 3-month supply at initiation

In the rush to return to normal, use this time to consider which parts of normal are worth rushing back to.

www.differentiatedservicedelivery.org



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