The CQUIN Learning Network

WHO Key Considerations & the Decision Framework: DSD for adolescents

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International AIDS Society
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Johannesburg, South Africa
It’s not about everybody getting the same thing, It’s about everybody getting what they need in order to improve the quality of their situation.”

C. Parker
Differentiated care, or differentiated service delivery (DSD), 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 is applicable across the HIV care continuum.

Differentiated care

- Prevention
- 90% diagnosed
- 90% on treatment
- 90% virally suppressed

Differentiated ART delivery

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Diversity of care needs for PLHIV

“Stable individuals are defined as those who have received ART for at least one year and have no adverse drug reactions that require regular monitoring, no current illnesses or pregnancy, are not currently breastfeeding, have good understanding of lifelong adherence and evidence of treatment success (i.e. two consecutive viral load measurements below 1000 copies/mL). In the absence of viral load monitoring, rising CD4 cell counts or CD4 counts above 200 cells/mm³, an objective adherence measure, can be used to indicate treatment success.” (1)

STABLE PATIENTS
- Differentiated care within the community (out of the facility)
- ARV delivery models

UNSTABLE PATIENTS
- Adherence and retention support
- Viral load testing
- Switch to second- or third-line ART if indicated
- HIV drug resistance testing
- Opportunistic infection screening and management. TB screening, diagnosis and treatment, co-trimoxazole prophylaxis and IPT²
The building blocks

- providing adolescent services at specific times or in separate areas with flexible appointment systems that accommodate school hours;

- comprehensive services that address multiple needs, including psychosocial support and sexual and reproductive health (SRH); and

These recommendations apply to all adults, adolescents and children living with HIV.

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WHO 2016 guidelines
6.11 Delivering HIV services to adolescents

Recommendations

- Adolescent-friendly health services should be implemented in HIV services to ensure engagement and improved outcomes (strong recommendation, low-quality evidence).

- Community-based approaches can improve treatment adherence and retention in care of adolescents living with HIV (conditional recommendation, very low-quality evidence).

- Training of health-care workers can contribute to treatment adherence and improvement in retention in care of adolescents living with HIV (conditional recommendation, very low-quality evidence).

- Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status to others and empowered and supported to determine if, when, how and to whom to disclose (conditional recommendation, very low-quality evidence).

KEY CONSIDERATIONS FOR DIFFERENTIATED ANTIRETROVIRAL THERAPY DELIVERY FOR SPECIFIC POPULATIONS:

CHILDREN, ADOLESCENTS, PREGNANT AND BREASTFEEDING WOMEN AND KEY POPULATIONS
Elements of care are for ART refills, clinical consultations and psychosocial support

Determining Stability (Annex 1)

Criteria for defining clinically stable clients for differentiated ART delivery

The criteria for defining clinically stable children, adolescents, pregnant and breastfeeding women and members of key populations should be aligned with those used to define clinically stable adults in the 2016 WHO consolidated ARV guidelines: clients who have:

- received ART for at least one year;
- no adverse drug reactions that require regular monitoring;
- no current illnesses, including such conditions as malnutrition in children, mental health conditions or postpartum depression;
- a good understanding of lifelong adherence; and
- evidence of treatment success: two consecutive viral load measurements of <1000 copies/mL, rising CD4 cell counts or CD4 counts >200 cells/mm³.

There may be additional criteria for specific populations.

- **Children**: should be at least two years old, taking the same regimen for more than three months and caregivers counselled and oriented on the disclosure process.
- **Adolescents**: should have access to psychosocial support.
Building blocks for adolescents (10-19 years)  
(Annex 4)

<table>
<thead>
<tr>
<th></th>
<th>Clinical consultations</th>
<th>ART refills</th>
<th>Psycosocial support</th>
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</thead>
<tbody>
<tr>
<td><strong>WHEN</strong></td>
<td>Every 3-6 months</td>
<td>Every 3-6 months</td>
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<td><strong>WHERE</strong></td>
<td>Primary care</td>
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<td>Primary care</td>
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<td>Outreach from primary health care</td>
<td>Out of facility</td>
<td>Out of facility</td>
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<td>Virtual environment</td>
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<td><strong>WHO</strong></td>
<td>Nurses</td>
<td>Lay providers</td>
<td>Lay providers</td>
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<td>Midwives</td>
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<td>Peers</td>
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<td>Clinical officers</td>
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<td></td>
<td>Doctors</td>
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<tr>
<td><strong>WHAT</strong></td>
<td>Adolescent clinical consultation</td>
<td>ART</td>
<td>Peer group environment</td>
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<td></td>
<td>Mental health assessment</td>
<td>Referral check</td>
<td>Referral check</td>
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<td></td>
<td>Laboratory tests</td>
<td>Adherence check</td>
<td>Referral check</td>
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<td>Rescript</td>
<td>Disclosure process check-in</td>
<td>Onward disclosure support</td>
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Decision Framework

Differeniated Care for HIV:
A Decision Framework for Differentiated Antiretroviral Therapy Delivery

For children, adolescents and pregnant and breastfeeding women

It's time to deliver differently.
Youth Clubs, Youth Care Clubs in South Africa

Health care worker-managed group

Community ART groups (CAGs)

Client-managed group

Fast track ART refill collection at facility
e.g. Teen Clubs in Malawi

Facility-based individual

Out-of-facility individual

• Mobile outreach
• Fixed community ART refill distribution
• Home ART delivery
5-step approach to differentiated ART delivery

**Step 1**
Assess ART data, policies, delivery perspectives and interventions

**Step 2**
Define challenges

**Step 3**
Define for whom ART delivery will be differentiated
The three elements
5-step approach to differentiated ART delivery

Step 1: Assess ART data, policies, delivery perspectives and interventions

Step 2: Define challenges

Step 3: Define for whom ART delivery will be differentiated

Step 4: Assess adapting or building a model of differentiated ART delivery
Adaption existing differentiated model: South Africa adult adherence club model

Building blocks of adherence clubs for adults

| Criteria for adherence clubs: 6m on ART + 1 VL < 400 copies/mL + no clinical condition requiring closer follow up |
|---|---|---|
| ART REFILLS* | CLINICAL CONSULTATIONS | PSYCHOSOCIAL SUPPORT* |
| **WHEN** 2-4 monthly | Annual | 2-4 monthly |
| **WHERE** Primary care clinics or community venues | Primary care clinics | Primary care clinics or community venues |
| **WHO** Lay providers | Nurse | Lay providers |
| **WHAT** Pre-packed ART Brief symptom screen | Clinical consultation Blood draw (VL)** | Facilitated peer support (group of 25-30 clients) |

* In the adherence club model, ART refills and psychosocial support happen at the same visit and the clinical consultation takes place immediately after one of the ART refills visits.
** Blood is drawn by nurse at previous ART refill visit.
Adaptation case studies: 
South Africa adult adherence club model

### Building blocks for adherence clubs for adolescents

**Criteria for youth clubs:** 12-25 years + pre-ART ineligible/newly ART initiated/stable on ART (12m on ART + 2 VL <400 copies/ml + no clinical condition requiring closer follow up).

<table>
<thead>
<tr>
<th></th>
<th>ART REFILLS*</th>
<th>CLINICAL CONSULTATIONS</th>
<th>PSYCHOSOCIAL SUPPORT*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHEN</strong></td>
<td>Monthly for first 6 months; then same as adults</td>
<td>Same schedule as ART refill for clients new on treatment (not stable yet)</td>
<td>Monthly for first 6 months; then same as adults</td>
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<tr>
<td><strong>WHERE</strong></td>
<td>Primary care clinics</td>
<td>Primary care clinics</td>
<td>Primary care clinics</td>
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<tr>
<td><strong>WHO</strong></td>
<td>Lay provider with youth-friendly training</td>
<td>Nurse</td>
<td>Lay provider with youth-friendly training</td>
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<tr>
<td><strong>WHAT</strong></td>
<td>Pre-packed ART Brief symptom screen FP provided after group by nurse at facility Blood draw (VL)</td>
<td>Clinical consultation Blood draw (VL)</td>
<td>Facilitated peer support (group 18-22 clients) Structured counselling session Interactive activity</td>
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### Youth Clubs

- **HIV Learning NE The CQUIN Projec**
- **FAMILY CLUBS (CHILDREN & CAREGIVERS)**
- **ADULT CLUBS**
- **POSTNATAL CLUBS**

### South Africa adult adherence club model

- **South Africa adult adherence club model**
- **Building blocks for adherence clubs for adolescents**
- **Criteria for youth clubs:** 12-25 years + pre-ART ineligible/newly ART initiated/stable on ART (12m on ART + 2 VL <400 copies/ml + no clinical condition requiring closer follow up).
- **Art Refills:** Monthly for first 6 months; then same as adults.
- **Clinical Consultations:** Same schedule as ART refill for clients new on treatment (not stable yet).
- **Psychosocial Support:** Monthly for first 6 months; then same as adults.

### Youth Clubs

- **HIV Learning NE The CQUIN Projec**
- **FAMILY CLUBS (CHILDREN & CAREGIVERS)**
- **ADULT CLUBS**
- **POSTNATAL CLUBS**
Adapt existing peer support/psychosocial intervention:
Zimbabwe adolescent refill groups

<table>
<thead>
<tr>
<th>WHEN</th>
<th>ART REFILLS</th>
<th>CLINICAL CONSULTATIONS</th>
<th>PSYCHOSOCIAL SUPPORT</th>
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<tr>
<td>3 monthly</td>
<td>6 monthly</td>
<td>3 monthly*</td>
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<td>WHERE</td>
<td>PHC</td>
<td>PHC</td>
<td>PHC with additional visits in the community, outside the health facility</td>
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<tr>
<td>WHO</td>
<td>Primary counsellor/CATS</td>
<td>Nurse</td>
<td>CATS</td>
</tr>
<tr>
<td>WHAT</td>
<td>ART and Cotrimoxazole refills, Referral check</td>
<td>Clinical consultation, SRH services, Blood draw (annual if VL)</td>
<td>Peer support, SRH education, Adherence check, Referral check</td>
</tr>
</tbody>
</table>

- An example of a health care worker-managed group
- Leverages existing model of psychosocial support

*More frequent psychosocial support provided as required
5-step approach to differentiated ART delivery

- **Step 1**: Assess ART data, policies, delivery perspectives and interventions
- **Step 2**: Define challenges
- **Step 3**: Define for whom ART delivery will be differentiated
- **Step 4**: Assess adapting or building a model of differentiated ART delivery
- **Step 5**: Adapt or build a model of differentiated ART delivery

- For ART refills
- For clinical consultations
- For psychosocial support

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Example: When building block

1. 2017 WHO Key Considerations:

   WHEN: Key Considerations: Frequency of visits

<table>
<thead>
<tr>
<th>ART REFILLS</th>
<th>CLINICAL CONSULTATIONS</th>
<th>PSYCHOSOCIAL SUPPORT</th>
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</thead>
<tbody>
<tr>
<td>WHEN</td>
<td>3-6 monthly</td>
<td>6 monthly</td>
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<td></td>
<td></td>
<td>(Children 2-5 years old:</td>
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<td>3 monthly)</td>
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<td>1-6 monthly</td>
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2. What to plan:

   - Alignment of ART delivery among family members on ART
   - Reducing the frequency of ART refills and clinical visits
   - Utilizing the maximum duration of ART refills
   - Extending or adapting service hours
   - Frequency of psychosocial support in peer support environments
3. Specific considerations for each population

**ADOLESCENTS**

**Fluctuating mental health and SRH needs**
Adolescence is a period of fluctuating mental and SRH needs. A clinician seeing an adolescent every 6 months would provide sufficient opportunity to identify these needs. Adolescents can also choose to see a clinician in between, if required.

**Aligning visit schedule to school calendar**
Reducing visit frequency enables visits to be scheduled during school holidays. Malawi and Zimbabwe specifically allow longer ART supplies (6-12 months) for clients who attend school or university far from home. Rwanda provides 3-month refills, but aligns adolescent appointments with the school breaks.
Example 4: Family member ART refill, Zimbabwe [29]

Overview

In Zimbabwe, children on ART were required to attend monthly clinical visits, despite differentiated ART delivery being offered to adults. Recognizing a family-centred approach, the family member ART refill model was developed from the community ART refill group model that was already being implemented.

Children older than 2 years with no opportunistic infections, a viral load of less than 1,000 copies/ml and on the same ART regimen for at least 6 months can now join their family group. Every 3 months, one family representative collects ART refills for all ART-stable family members and distributes these at home. Children between 2 and 5 years are required to attend every time with their family representative for a clinical consultation. When the child is at least 5 years old, a child can attend for only every second visit (i.e., 6 monthly) for clinical consultation.

This continues through adolescence until 19 years of age, when the family member is required to attend only an annual clinical consultation. Viral loads are taken annually for all family members. Where a family member is already part of this model and becomes pregnant, she can remain a member of the family ART refill group provided she attends MNCH care separately.

The family member ART refill model is an example of a stable adult differentiated ART delivery model already endorsed by national guidelines adapted for specific populations. More information on this model is available at www.differentiatedcare.org.

The three elements of family ART refill

Stable

Rural, urban
High or low burden

The building blocks of family ART refill in Zimbabwe

<table>
<thead>
<tr>
<th>ART REFILLS</th>
<th>CLINICAL CONSULTATIONS*</th>
<th>PSYCHOSOCIAL SUPPORT</th>
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</thead>
<tbody>
<tr>
<td>ARTERFILLS</td>
<td>Children &gt;5 yrs + adolescents on adult doses</td>
<td>Adult family</td>
</tr>
<tr>
<td>All family members</td>
<td>3 monthly</td>
<td>Monthly</td>
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<tr>
<td>Children 2-5 years</td>
<td>3 monthly</td>
<td>6 monthly</td>
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<table>
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<th>WHEN</th>
<th>WHERE</th>
<th>WHO</th>
<th>WHAT</th>
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<tbody>
<tr>
<td>3 monthly</td>
<td>At home</td>
<td>Family member</td>
<td>ART and cotrimoxazole refill</td>
</tr>
<tr>
<td>3 monthly</td>
<td>Primary care clinics</td>
<td>Nurse</td>
<td>Clinical consultation</td>
</tr>
<tr>
<td>6 monthly</td>
<td></td>
<td></td>
<td>Blood drew (VL annual)</td>
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<tr>
<td>Annual</td>
<td></td>
<td>Lay provider</td>
<td>Peer support group</td>
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Description

Elements

Building blocks

HIV LEARNING NETWORK
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90 90 90 targets

- 90% diagnosed
- 81% on treatment
- 73% virally suppressed
Current status – How are we doing

Current status – How are we ACTUALLY doing

1st 90 target

- 70% [51–84%]
- 53% [39–65%]
- 44% [32–53%]

Online knowledge repository

www.differentiatedcare.org

- Global and country guidance
- ART delivery model examples & tools
- Published evidence & resources
Resource hyperlinks

- www.differentiatedcare.org
- Key considerations for differentiated antiretroviral therapy delivery for specific populations: Children, adolescents, pregnant and breastfeeding women and key populations
- Differentiated care for HIV: A Decision Framework for ART delivery for children, adolescents and pregnant and breastfeeding women
  - English / French / Portuguese
- Policy brief – Young lives, new solutions
  - English / French
- #IASYouthVoices Differentiated Care films
  - What is differentiated care?
  - The power of peers
  - The difference is in delivery
  - The need for youth engagement
- Email differentiatedcare@iasociety.org for more details