

Title	Author/Host	Link	Type/Summary
Differentiated Care from Testing to Suppression: Are we at the Tipping Point?	IAS and WHO	http://program.me.ias2017.org/Programme/Session/94	Non-Commercial Satellite IAS launched the decision framework for children, adolescents, pregnant and breastfeeding women in this satellite which was a talk show combined with 5-min presentations. WHO also shared the key considerations for differentiated ART delivery for special populations. George Ayala also highlighted role of civil society in differentiated care, sharing some best practices.
Differentiated Service Delivery: Innovating for Impact	ICAP	http://program.me.ias2017.org/Programme/Session/99	Non-Commercial Satellite ICAP presented the CQUIN learning network, highlighting its role in working with 9 countries to scale up DSD through communities of practice, webinars and south-south learning exchange. Kenya, Mozambique and Swaziland shared examples of DSD models for patients at high risk of disease progression, CAGs and patients with HIV/NCD. M&E of differentiated care was also discussed as a key challenge and opportunity for programs.
Utilizing Implementation Science to Build Strategies for Differentiated Care for HIV	Ruanne V Barnabas, University of Washington, United States	http://program.me.ias2017.org/Programme/Session/218	Non-Commercial Satellite
Multi-month prescription of antiretroviral therapy and its feasibility: experiences from the Baylor International Pediatric AIDS initiative (BIPAI) in six southern African countries	Maria Kim	http://program.me.ias2017.org/Programme/Session/120	Oral Abstract This retrospective study compared outcomes of pediatric patients who received monthly ART prescription vs. MMS for stable patients in 6-countries (Botswana, Lesotho, Swaziland, Malawi, Uganda and Tanzania). The findings reveal better mortality, adherence and viral suppression among patients on MMS and gives the reassurance that MMS is possible in patients 0-19yrs who are clinically stable and adherent on ART.
Multi-month refills of antiretroviral drugs for stable patients in Malawi: assessing accuracy in the application of eligibility	Margarete Prust	http://program.me.ias2017.org/Programme/Session/120	Oral Abstract This retrospective study assessed the extent to which patients are accurately differentiated as eligible or ineligible for MMS at 30 purposefully selected health facilities in Malawi, covering over 75,000 patients. The results show that MMS is widely implemented in Malawi, but with gaps in fidelity of implementation.

criteria at the health facility level			
Retention in community versus clinic-based adherence clubs for stable ART patients in South Africa: 24 month final outcomes from a randomized controlled trial	Colleen Hanrahan	http://program.me.ias2017.org/Programme/Session/120	Oral Abstract This is an RCT that compared club retention between facility-based and community-based ART adherence clubs. Stable patients were randomized into community or facility-based clubs. After 24-months of implementation, the analysis showed high (43%) dropout rate from the adherence clubs, with higher dropout rate in the community-based arm.
Alere HIV Diagnostic Care; solutions to fast track 90-90-90	Alere International, Ltd.	http://program.me.ias2017.org/Programme/Session/171	Corporate Satellite
Differentiated Service Delivery and Care: Key Considerations for Successful Scale up	IAS	http://program.me.ias2017.org/Programme/Session/81	Symposia
Changing Landscapes, Changing Gears: Differentiated Service Delivery for Adolescents Living with HIV	IAS, Carlo Oliveras, Adolescent HIV Treatment Coalition, Puerto Rico, Annette Sohn, amfAR, the Foundation for AIDS Research, Thailand	http://program.me.ias2017.org/Programme/Session/51	Workshop
Non-communicable disease adherence clubs for people living with HIV	Tom Ellman, Medecins Sans Frontieres, South Africa	http://program.me.ias2017.org/Programme/Session/10	Symposia This presentation was presented in the context of a symposium for service integration. It highlights the benefits of integrating NCDs and HIV care in

			Kibera, Kenya. Retention was higher among HIV positive patients with NCDs than HIV negatives, 37% vrs 22%, and loss to follow up of 3.5%.
Can differentiated care models solve the crisis in treatment financing? Analysis of prospects for 38 high-burden countries in sub-Saharan Africa	Arin Dutta	http://program.me.ias2017.org/Programme/Session/119	Oral Abstract Session This study used modeling to evaluate the potential reduction in facility-level costs and number of health workers needed comparing differentiated care to undifferentiated care, in the context of the 90-90-90 targets from 2016-2010 in 38 sub-Saharan African countries. Comparing 3 different service delivery models, the modeling showed significant estimated annual cost savings (incremental over time) of about \$6billion implementing age and stability differentiated care models compared to undifferentiated care. The modeling also shows a decrease of about 47% FTE healthcare workforce needed to implement DCM compared to undifferentiated care.
“If I'm not in the club, I have to move from one chair to another.” A qualitative evaluation of patient experiences of adherence clubs in Khayelitsha and Gugulethu, South Africa	E. Venables ^{1,2} , C. Towriss ^{3,4} , Z. Rini ³ , X. Nxiba ¹ , S. Solomon ¹ , T. Cassidy ¹ , A. Grimsrud ⁵ , L. Myer ^{3,6} , <u>L. Wilkinson¹</u>	http://program.me.ias2017.org/Abstract/Abstract/1128	Abstract This qualitative study in Khayelitsha and Gugulethu, Cape Town looks at patient experiences in adherence clubs through eleven FGDs (stable patients currently in a club) and 43 IDIs (with routine care patients who had missed appointments or had viral rebound). Themes that emerged from the data on adherence club benefits included: saved time and money and the creation of a peer support system. Other perceptions included less clinic visits, more drugs per refill, and a flexible 5-day collection system from a “buddy”. Perceived disadvantages included: less access to clinician, “unfair” referral to standard care for viral load rebound or missed appointments. Removal from adherence clubs created distrust between the healthcare system and patients. Stable patients who were not enrolled in adherence clubs were either not familiar with the enrollment process or did not have the confidence to inquire from healthcare provider.
Isoniazid preventive therapy uptake and completion in the era of differentiated HIV care	<u>K.H. Tram¹</u> , F. Mwangwa ² , M. Atukunda ² , A. Owaraganise ² , J. Ayieko ³ , A. Plenty ⁴ , D. Kwariisima ² , T.D. Clark ⁵ , M.L. Petersen ⁶ , E.D.	http://program.me.ias2017.org/Abstract/Abstract/1936	Abstract This study in five rural, government clinics in Uganda evaluated the integration of IPT prevention therapy and DSD visits for 137 stable PLHIVs over six monthly completion visits. DSD visits were conducted monthly during IPT and outcomes measured included: eligibility (98%), IPT initiation (97%) and IPT completion (71%). The evaluation also looked at HIV viral suppression outcomes (93%) and viral suppression and IPT completion

	Charlebois ⁴ , M.R. Kanya ⁷ , G. Chamie ⁴ , D.V. Havlir ⁴ , C. Marquez ⁴		(68%). Factors associated with IPT completion include side effects, age, wealth and education.
Retention and viral suppression outcomes of patients enrolled in family ART adherence clubs in Cape Town, South Africa	P. Tsondai ¹ , <u>L. Wilkinson</u> ^{1,2} , R. Henwood ² , A. Ullauri ¹ , T. Cassidy ² , S. Tutu ³ , M.-A. Davies ¹	http://program.me.ias2017.org/Abstract/Abstract/2356	Abstract This retrospective cohort analysis of family adherence clubs in Cape Town evaluated viral suppression and patient retention outcomes for 163 children and 84 caregivers over 36 months. After this timeframe, 95% of caregivers and 86% of children were virally suppressed. Over 12-36 months, caregiver retention was (94-90%) and child retention was (94-86%).
Community-based ART Initiation, delivery and monitoring in rural Southwest Uganda: participant experiences of a differentiated model of HIV care delivery	<u>M.A. Wyatt</u> ^{1,2} , E.E. Pisarski ¹ , M.L. Krows ³ , B. Turyamureeba ⁴ , S. Asiimwe ⁴ , C.L. Celum ⁵ , R.V. Barnabas ⁶ , N.C. Ware ¹	http://program.me.ias2017.org/Abstract/Abstract/2314	Abstract This qualitative analysis of Delivery Optimization for Antiretroviral Therapy (DO ART) compares community based ART initiation and follow-up to clinical based care in rural Uganda and South Africa. Data collection included IDIs of participants experiences in which four themes emerged favoring DSD community-care: convenience (time and money saved by ART delivery in community), personalized services (more individual time with CHWs), increased privacy (services at home or in community means avoids recognition in clinic) and responsiveness (strengthening community commitment).
Key population risk factors associated with differentiated HIV care in Tanzania	<u>C. Casalini</u> ¹ , D. Boyee ² , M. Ndolichimpa ¹ , N. Rutabanzibwa ¹ , R. Bandio ¹ , E. Mlanga ³ , K. Curran ⁴	http://program.me.ias2017.org/Abstract/Abstract/3352	Abstract A KP program in Tanzania reached 39,180 MSM and FSWs through Community-Based HIV Testing and Counseling Plus sites and Drop-in Centers. Indicators associated with accessing a DIC include, more likely to test positive for HIV, reporting alcohol or drug use in the last month, and those who did not use a condom at last sex.
The role of community drug distribution point of care model on retention of HIV-positive individuals from a pastoral	<u>K. Musinguzi Rugamba</u> , P. Gonza K., C. Senyimba, B. Mukasa	http://program.me.ias2017.org/Abstract/Abstract/1923	Abstract A community distribution point serving a pastoral community in rural Uganda had an 81% retention in care and 98% viral suppression for 139 adults living with HIV. The clinical teams prepacked kits for distribution every month, clinical evaluations were conducted every three months and VL testing was conducted every six months.

community in Kigaju, Kalungu district			
A comparative analysis between a community-based and a hospital-based model of HIV care for men who have sex with men in the city of Chicago	M.O. Brito, S. Khosla, A. Lubrano, L. Santana, J. Davila, T. Martinez, A. Eugeni, R.M. Novak	http://program.me.ias2017.org/Abstract/Abstract/2204	Abstract A Chicago based retrospective cohort study of 290 MSM were compared in community-based and hospital based models of care assessing proportion of AIDs related illness and aggregate time to which HIV viral load was undetectable. Both primary outcomes did not vary in terms of model of care, however, secondary outcomes suggested that hospital based MSM missed more visits and were more likely to interrupt ART.
Retention in care and deaths in a decentralized model for ART delivery: lessons from field	S. Chawla ¹ , P.B. Verma ^{1,2} , V. Purohit ³ , M. Bamrotiya ⁴ , R.S. Gupta ⁴ , M. Bhura ⁵	http://program.me.ias2017.org/Abstract/Abstract/4849	Abstract Monthly reports of link ART centers, which are part of a decentralized model of care system in Gujarat, India that had few patients LTFU (75/3012) and a low mortality (147/3012).
Breastfeeding practices and infant care engagement among HIV-infected postpartum women on antiretroviral therapy (ART) attending community-based adherence clubs (ACs) in Cape Town, South Africa	A. Zerbe ¹ , K. Brittain ² , T. Phillips ² , V.O. Iyun ² , E. Mukonda ² , E.J. Abrams ¹ , L. Myer ² , for the MCH-ART Study	http://program.me.ias2017.org/Abstract/Abstract/2717	Abstract As part of the MCH-ART trial in Cape Town, postpartum, breastfeeding women initiating ART during pregnancy were given the option to choose adherence clubs as a method of ART delivery. 65% of women chose ACs. Breastfeeding duration was similar between ACs and primary care clinics, but slightly longer in MHC focused services.
The role of needle and syringe programs (NSP) in linking people who inject drugs (PWID) to the HIV clinical care continuum in Kyrgyzstan	A. Deryabina ¹ , P. Patnaik ² , A. Dooronbekova ³ , A. Isakova ³	http://program.me.ias2017.org/Abstract/Abstract/896	Abstract A survey of nineteen sites was conducted in Kyrgyzstan among 1152 PWID who use needle and syringe programs (NSP); 10 FGDs were conducted with 99 users and non-users of NSP, as well as 24 KIIs with NSP staff. Out of the surveyed clients, (49%) of PLHIVs said their support for NSP improved their adherence to HCTs, however NSP staff did not have the training or competencies they felt were required to counsel HIV positives. The study implication is that there should be a strengthened relationship between NSPs and HCTs.

Peers counseling at care entry point increase linkage to care among pre-ART HIV-infected patients: a case study	<u>F. Epoupa</u> ¹ , M.E. Ikechukwu ² , V. Enejoh ³	http://program.me.ias2017.org/Abstract/Abstract/989	Abstract The study seeks to evaluate outcomes of a hospital-based peer counseling intervention to boost HIV linkages and retention in ART in Nigeria. Overall, peer counseling is an effective intervention to increase linkage to care.
Effectiveness of community-based HIV testing and counseling in identifying HIV-positive cases and linking to care in a concentrated epidemic in Viet Nam	<u>V.T.T. Nguyen</u> ¹ , T.T.H. Phan ² , T.S. Le ³ , B.M. Truong ⁴ , D.N. Vu ³ , T.T.H. Nguyen ⁴ , H.S. Vo ² , N. Ishikawa ⁵ , T.H. Ho ⁶ , M. Kato ¹	http://program.me.ias2017.org/Abstract/Abstract/1521	Abstract A pilot for KPs in Vietnam in community based HIV testing and counseling produced data through patient logbooks in two provinces. Qualitative outcomes were also evaluated showing that 1,711 clients received HTS at the community level. The community based linkage to care for PLHIVs was higher at the community level: Thai Nguyen (38.8%) and Thanh Hoa (16.6%) than the facility level.
The impact of an integrated adolescent youth centre and clinic on sexual reproductive healthcare utilization and HIV testing in the Western Cape	A. Mendelsohn, K. Gill, <u>R. Marcus</u> , C. Van De Venter, L. Mzukwa, E. Mendel, D. Robbertze, L.-G. Bekker	http://program.me.ias2017.org/Abstract/Abstract/1569	Abstract The evaluation in Cape Town, South Africa compared adolescent HIV testing and contraception rates with data from a public clinic in Imizamo Yethu and with a Youth Centre offering SRH and HCT. Adolescents were more likely to access services from the youth friendly center, noting higher rates of HIV testing in males and contraception coverage for adolescent females under 18.
Community outreach and care process improvement to maintain HIV patients in care in Northern Haiti	J.T.H. Nguessan ¹ , V. Andremane ² , <u>C. Ortiz</u> ¹ , E. Regan ³	http://program.me.ias2017.org/Abstract/Abstract/1911	Abstract This study evaluated determinants of LTFU through FGDs with CHWs and other healthcare providers in Haiti to inform quality improvement plans. Community level outreach to track clients and improved clinical monitoring decreased LTFU from 26-17% in the following months.
HIV ART outreaches achieve more than 90% viral suppression and more client retention compared to the ART clinic in Eastern Uganda	M. Muddu ¹ , J. Kiwanuka ² , M. Ojur ³ , J. Baligobye ³ , I. Okeba ³ , P. Olinga ³ , D. Ofaso ³ , J. Opio ³ , J. Ssali ³ , <u>B. Lydia</u> ⁴	http://program.me.ias2017.org/Abstract/Abstract/2044	Abstract This study in Eastern Uganda compared viral suppression and client retention between outreach visits and the standard ART visits at Soroti Clinic. Patients in the ART outreach model had more than 90% viral suppression.

Enhancing referral to increase linkage to HIV care in rural South Africa: example from the ANRS 12249 TasP trial	<u>M. Plazy</u> ^{1,2} , A. Diallo ^{1,2} , C. Iwuji ^{3,4} , J. Orne-Gliemann ^{1,2} , N. Okesola ³ , T. Hlabisa ³ , D. Pillay ^{3,5} , F. Dabis ^{1,2} , J. Larmarange ⁶ , for the ANRS 12249 TasP Study Group	http://program.me.ias2017.org/Abstract/Abstract/2405	Abstract As part of the ANRS 12249 TasP trial on universal testing and treatment on HIV incidence, this evaluation looked at the variable of time in linkage to care in 7,643 individuals identified as HIV positive at home. Probability of linkage to care after a positive result after a phone call or home visit was higher among individuals re-referred to care.
Don't get lost: how peer navigation can link HIV-positive key populations to care and treatment and re-engage those lost to follow-up	T. Lillie ¹ , S. Nemande ¹ , H. Gbais ² , S. Kersten ² , D. Levitt ^{1,3} , <u>E. Ndonko</u> ^{2,4}	http://program.me.ias2017.org/Abstract/Abstract/2916	Abstract A pilot test was conducted in Yaounde, Cameroon to link KPs through a peer navigation system for HIV care and continuation. Results showed that linkage to care increased from 39% to 82%.
The standardized pediatric expedited encounters for ART drugs initiative: description and evaluation of an innovative pediatric ART health service delivery model in Tanzania	<u>J. Bacha</u> ^{1,2,3} , L. Aririguzo ² , S. Wanless ¹ , K. Ngo ^{1,2} , L. Campbell ^{1,2,3} , G. Shutze ^{1,2}	http://program.me.ias2017.org/Abstract/Abstract/427	Abstract A retrospective cohort analysis of stable children and adolescents on ART for three months or longer at the Baylor COE in Mbeya, Tanzania was compared with 1,164 children enrolled in the newly implemented Standardized Pediatric Expedited Encounters for ART Drugs Initiative (SPEEDI). Children were seen every two months and alternating fast track and standard clinical visits (the SPEEDI Model). SPEEDI patients had better outcomes (lower LTFU) and lower mortality compared to patients who were not enrolled in the program.
Modifications to ART service delivery models by health facilities in Uganda to accommodate increased patient volumes: a mixed-methods study	<u>H. Zakumumpa</u> ¹ , S. Bennett ² , F. Ssengooba ³	http://program.me.ias2017.org/Abstract/Abstract/1661	Abstract A mixed methods study was conducted in 195 health facilities across Uganda to identify modifications to ART service delivery models by health facilities in Uganda to accommodate increased patient volumes over a ten-year period (2004-2014). Modifications included interventions (95% of facilities) and some were major (81%). Major modifications included: visit spacing, introducing home based provider programs, task shifting and focusing visits on sub populations with the most need.

Informing targeted HIV self-testing service delivery in Malawi and Zambia: a multi-country discrete choice experiment	M. d'Elbée ¹ , P. Indravudh ² , L. Mwenge ³ , B. Hensen ¹ , M. Neuman ¹ , A. Choko ² , A. Muzumara ³ , M. Simwinga ³ , H. Ayles ³ , C. Johnson ⁴ , K. Hatzold ⁵ , L. Corbett ^{1,2} , F. Terris-Prestholt ¹	http://program.me.ias2017.org/Abstract/Abstract/4177	<p>Abstract</p> <p>The study looked at user preference to inform HIVST implementation to quantify the strength of preferences for alternative HIVST distribution and linkage options using discrete choice experiments (DCEs). Four DCEs were implemented within representative household surveys in Malawi and Zambia. HIVST distribution was preferred at distributor's home to mobile clinics. Oral fluid tests were preferred.</p>
Service delivery costs for HIV treatment under differentiated models of care for stable patients in Malawi	K. Callahan ¹ , I. Nnakabonge ¹ , M. Prust ² , C. Banda ³ , R. Nyirenda ⁴ , F. Chimbwandira ⁴ , T. Kalua ⁴ , A. Jahn ⁵ , M. Eliya ⁴ , P. Ehrenkranz ⁶ , M. Prescott ² , E. McCarthy ² , A. Gunda ³ , E. Tagar ¹	http://program.me.ias2017.org/Abstract/Abstract/3232	<p>Abstract</p> <p>Three differentiated care models in Malawi were assessed to understand costs in 30 purposively selected sites representing various facility characteristics, such as size. The models compared were multi-month scripting (MMS), fast-track refills (FTRs), and community ART groups (CAGs) against the standard model of monthly clinic ART visits. Results show that annual per patient costs of MMS, FTRs and CAGs are similar and represent an estimated 10% reduction compared with a monthly clinical visit policy.</p>