

Uptake of HIV differentiated care models for patients on antiretroviral therapy in South Africa

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Background

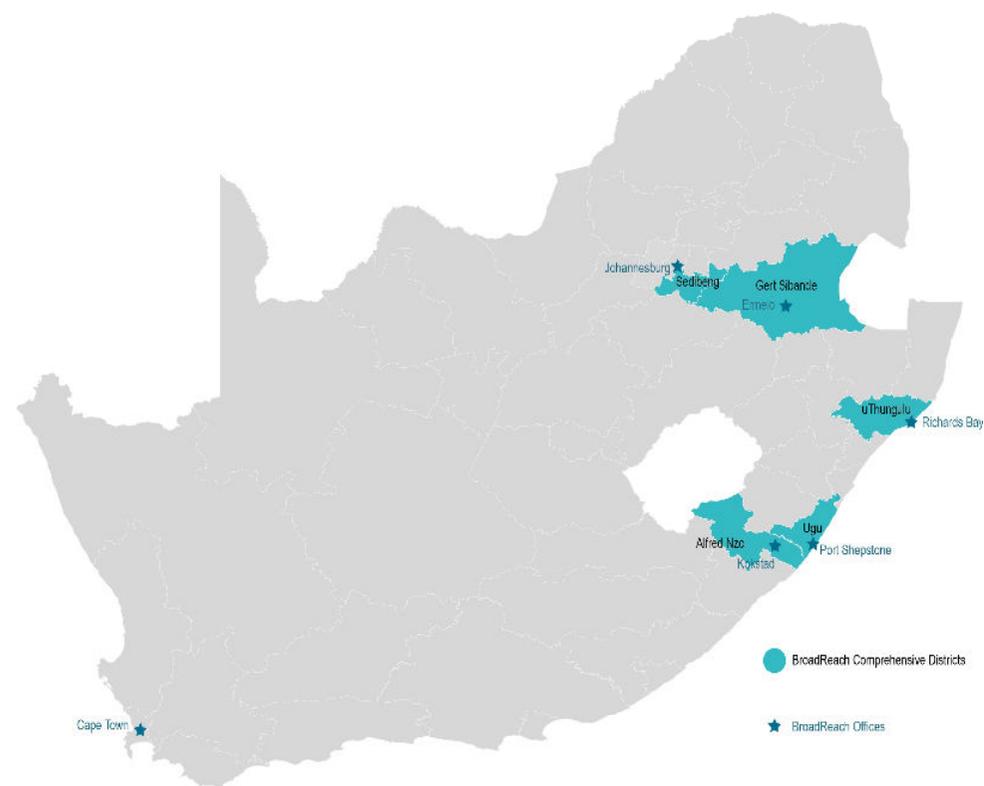
- Differentiated care is the idea of putting the patient at the centre of clinical care
 - “A patient-centred approach that simplifies and adapts HIV services across the HIV cascade to reflect the preferences and expectations of people living with HIV while reducing unnecessary burdens on the health system.”
- By providing differentiated care, the health system can refocus resources to those most in need.
- Differentiated care applies across the HIV continuum to all three of the 90-90-90 targets and includes models of care suited to achieving viral suppression of HIV clients enrolled in care.

Differentiated care in South Africa

- In South Africa, the National Department of Health developed differentiated care facility decongestion strategies to “reward” adherence of stable chronic patients, including patients on ART, with a faster service and flexibility to choose their preferred medication collection service (client-centred focus) through 3 options:
 1. Spaced and fast last appointment system (in facility)
 2. Adherence clubs (in facility or community, where ART is provided)
 3. Central chronic medication dispensing and distribution (**CCMDD**) (through external pick up points, adherence clubs or spaced and fast lane appointments)

Methods

- To evaluate progress towards achieving differentiated care targets, we conducted an analysis of programmatic data from 271 facilities in five Districts (from July 2016 and April 2017) in South Africa supported by BroadReach:
 - ▶ Alfred Nzo, E. Cape
 - ▶ Sedibeng, Gauteng
 - ▶ Gert Sibande, Mpumalanga
 - ▶ Ugu and King Cetshwayo, KZN
- BroadReach works directly with public health facilities to **integrate CCMDD into their day to day care** through:
 - Pharmacist, manager and clinician training
 - Pharmacist and clinical mentorship
 - Direct service delivery
 - Improved data collection and analysis
 - Supporting the adoption of national and provincial policies to support integration of CCMDD



Map of South African Districts supported by BroadReach

Eligible patients on ART

Eligibility for CCMDD includes:

- 18+ years old
- On same treatment regimen for at least 12 months
- Most recent 2 consecutive viral loads undetectable
- Clinician confirms eligibility for repeat prescription collection strategies
- No current TB and no medical condition requiring regular clinical consultations
- Mothers or responsible caregivers with a child on ART are not eligible

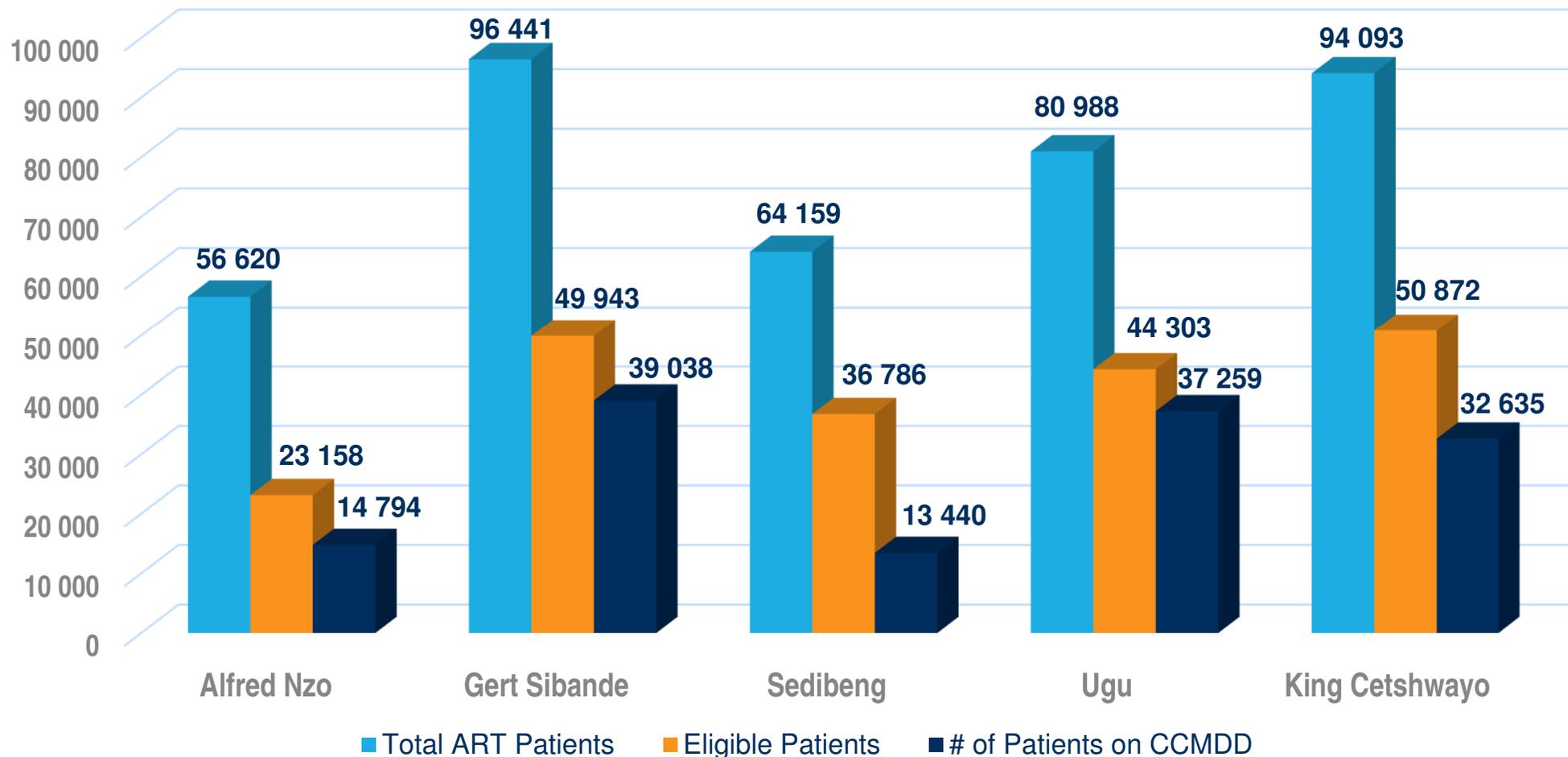


BroadReach and DOH nurse reviewing clinical data to assess if patient can start on CCMDD in Ugu District, KZN

Results



Total patients on ART, eligible for CCMDD and enrolled as of April, 2017



Approximately 52% of patients are eligible to be in CCMDD, and 75% are enrolled as of April, 2017 with the highest proportion in Ugu District (84%) and lowest in Sedibeng District (37%)

Geographical Coverage of Differentiated Care supported by BroadReach in South Africa

District	Launch date	Facility Adherence Clubs	Community Adherence Clubs	Spaced and Fast Lane	CCMDD External PuP
Alfred Nzo, E. Cape	September, 2016	44	22	10	0
Gert Sibande, Mpumalanga	February, 2015	419	96	71	20
Sedibeng, Gauteng	September, 2016	359	29	32	15
Ugu, KZN	May, 2016	278	52	53	20
King Cetshawyo, KZN	February, 2016	164	188	19	24
Total		1 264	357	185	123

Results

- To date over 122,163 eligible patients on ART have been registered for differentiated care (60% of estimated eligible patients on ART) including:
 - 34,375 in spaced and fast lanes and internal CCMDD pick up points (28%)
 - 37,907 in adherence clubs (facility and community) (31%)
 - 49,881 in CCMDD (41%)
- Registration for differentiated models of care has increased significantly over the past 12-months by 160%, and 23% of the registration growth occurred between January and March, 2017
- We found a 10%-30% increase in patients moving to community based pick-up points (varies by facility)

Key Takeaways

- There is poor understanding and ownership of differentiated care strategies at facilities and various management levels which has inhibited the success in certain Districts like Gert Sibande.
 - Facilities need assistance with understanding the guidelines and eligibility criteria, as well as implementing effectively.
- Facilities, prescribers, and patients don't trust the programme due to problems experienced with service providers (who provide the pre-packaged medication)
 - Service providers are often late with deliveries.
- Lack of pick up points, especially in rural areas, means that clinics are not benefiting.
 - Focus needs to be placed on providing PuPs in rural areas, ensuring that they are easily accessible.
- There are significant problems with M&E.
- 6-month prescriptions for ART not captured on electronic database resulting in incorrectly increasing loss to follow up of patients.

Other challenges

- Some patients are resistant to accepting collecting ART at external pick up points because of travel costs and lack of available pick up points in rural areas
- Inability to register patients with other diseases including non communicable diseases (e.g. diabetes and hypertension) in HIV patients
- Mothers of children in care cannot be transferred into decentralized care
- Poor acceptance of program from some Doctors and managers
- Incorrect patient details on parcels

Lessons Learned and Next Steps

- Need to ensure that M&E system is in place first and foremost, including way to track patients who do not return for clinical visits or drug pick ups
- Training, buy in are important for all clinical staff to support and believe in differentiated care
- Pharmacy support in District and Province is important
- Training of external pick up providers (e.g. Clicks) is essential
- Need for longitudinal analyses to track retention in care and adherence over time
- More rural pick up points needed (including churches, community centres, etc.)
- Cost-effectiveness analysis needed

Conclusion

- There has been a rapid uptake of differentiated care models, with approximately 75% of eligible patients have been registered for differentiated care. However there is a need for:
 - Additional training of service providers, managers, and clinicians to ensure uptake and retention in care
 - Increased access to rural pick up points in churches, community centres, etc.
- Longer term review needs to take place in order to determine best practices, as well as see any longitudinal change.
 - We will analyse the data longitudinally to compare retention and viral load suppression among those in differentiated vs. standard of care models to make recommendations about differentiated care scale-up.

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