The Science and Practice of DSD scale up

DSD Scale-up: Lessons from South Africa

Date: 26-29th June 2018
Venue: The Kingdom of Eswatini
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Background

SA HEALTH VISION:

A long and healthy life for ALL South Africans

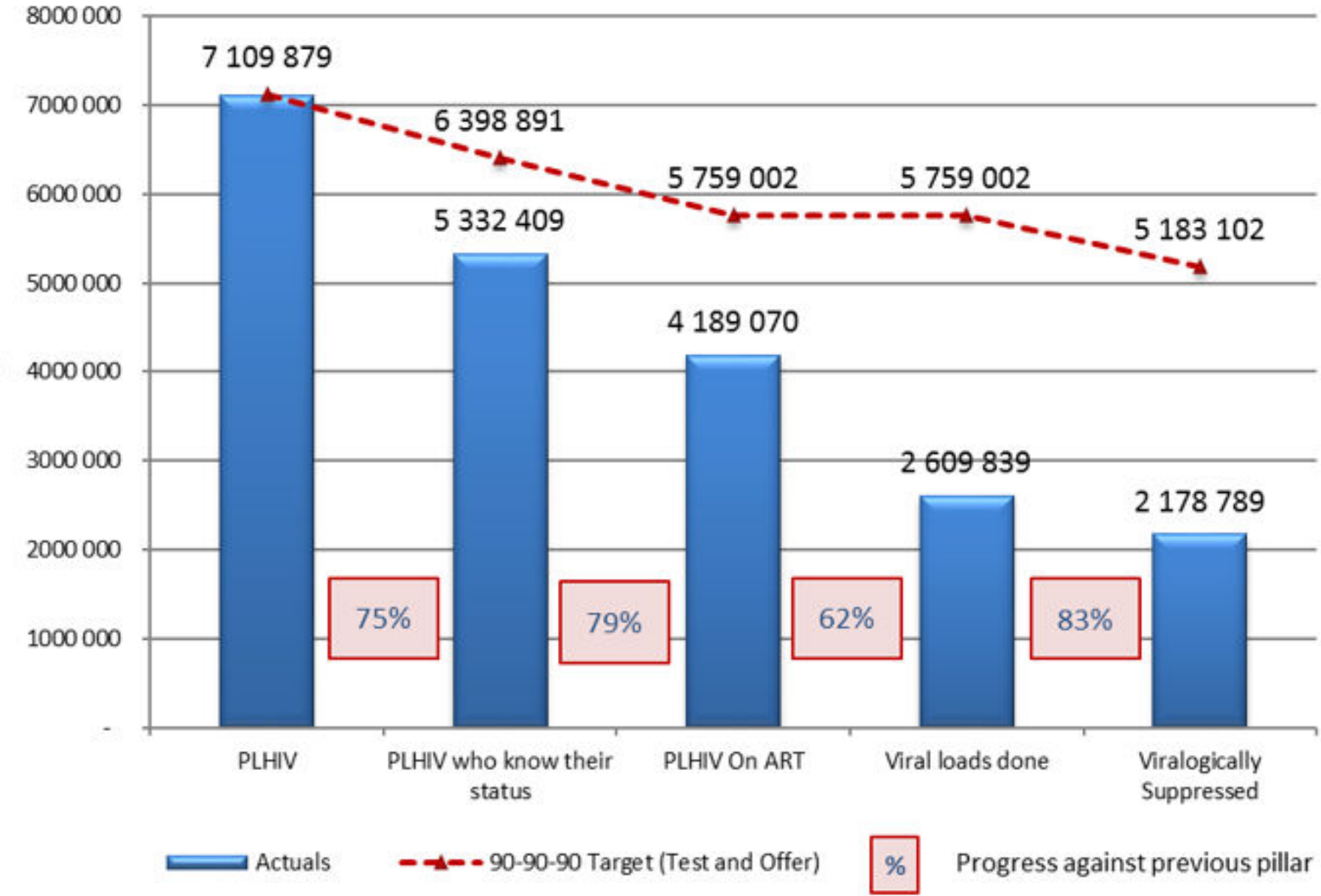
2017 population = 56.52M (51% female)

HIV prevalence = 12.6%

Since ART program inception in 2004:

- **Life expectancy rose by 5 years** (since 2009)
- # of people on ART increased by 2M
  - 2.4M in 2012 → 4.4M in 2018
  - 4.2M in public sector
- **New HIV infections declining**, albeit slowly
  - 360,000 in 2012 → 270,000 in 2016
- Steady **decline in new TB infections and mortality**

But, despite progress, implementation lags in the continuum of care



Adherence Guidelines (AGL)

- NDOH developed and started implementing the **National Adherence Guidelines** (AGL) for Chronic Diseases in 2015
- AGL is a tool to promote **Differentiated Service Delivery (DSD)** models for patients with HIV, TB and NCDs

Screening to testing | Testing to linkage to care | Enrollment in care eligibility | Eligibility to Initiation | Initiation to stabilisation | Stable on treatment | Unstable on treatment

Education and Counselling

Fast track initiation counselling

Enhanced adherence counselling

Child Disclosure Counselling for Children Living with HIV

Repeat Prescription Collection Strategies

Spaced and fast-lane appointments

Adherence Clubs

Decentralised medicine delivery

Tracing Strategies for Missed Appointments

Appointment / track linkage / unique identifier / trace early missed appointments

Integrated Care

Management of multiple chronic conditions in an integrated manner

AGL EVALUTION STUDY

- NDOH, World Bank, Boston University & HE^{2}RO evaluated the impact of **early implementation of AGL interventions** for PLHIV
- In 24 facilities across four provinces: Gauteng, Kwa Zulu Natal, Limpopo and North West

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Methods

Three-phase study, including:

- Formative qualitative research
- Retrospective comparative analysis
- **Prospective evaluation of five AGL strategies:**
  1. Fast track treatment initiation counseling (FTIC)
  2. Adherence clubs (AC)
  3. Decentralized medicine delivery (DMD)
  4. Repeat prescription collection strategies (RPCS)
  5. Enhanced adherence counseling (EAC)

Mixed Methods Approach

To get patients' perspectives:

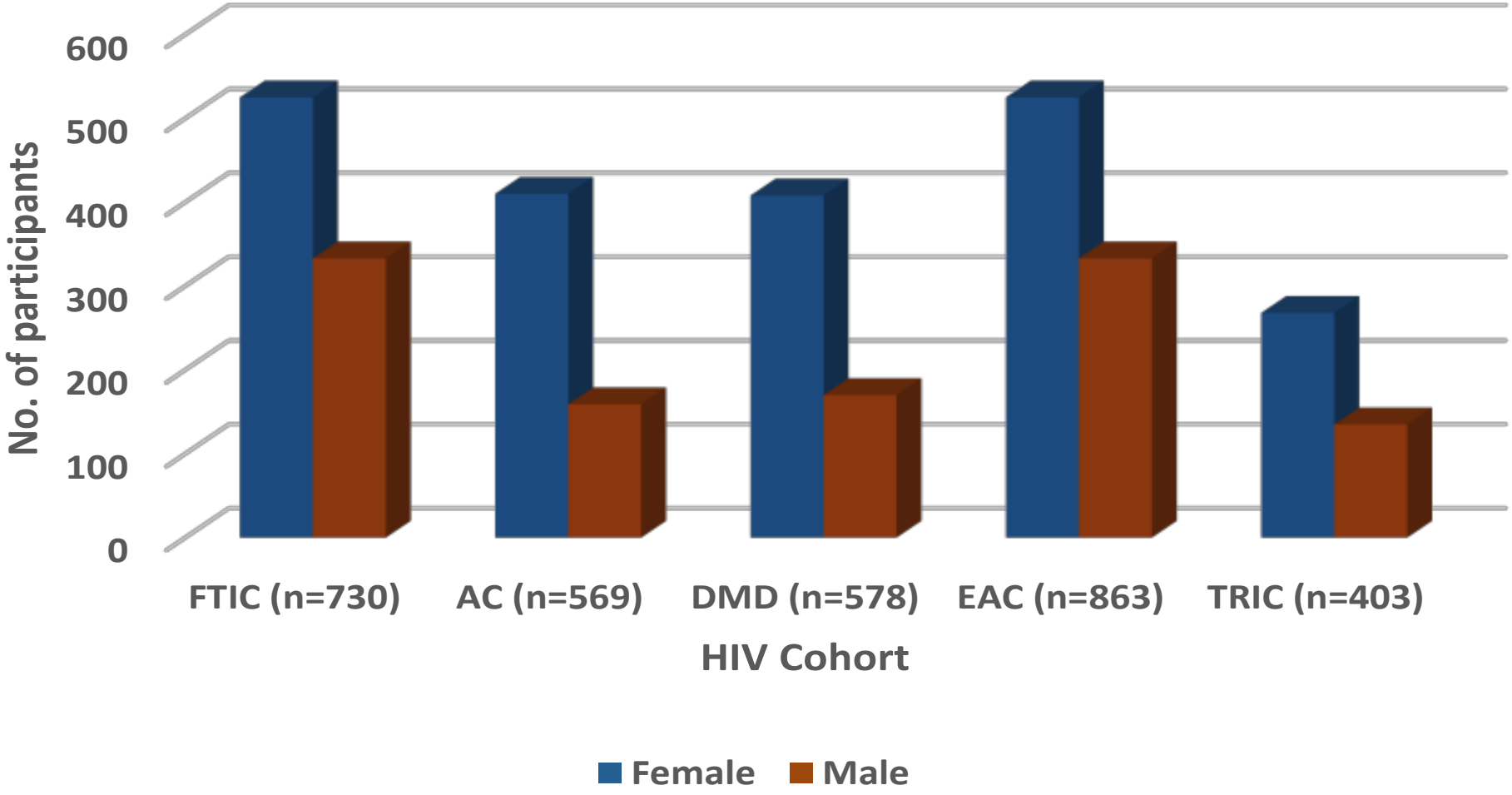
1. Quantitative cross-sectional survey for each AGL intervention
   - Sampled patients at 4 AGL intervention and 4 control sites to assess patient satisfaction with care
2. Focus group discussions with patients
   - 24 FGDs with new, stable and unstable patients, on support for treatment initiation, adherence, retention

Results-highlights

- Time does not permit a full summary – will just highlight some illustrative results
- Detailed reports are available online:

https://openknowledge.worldbank.org/handle/10986/28873
https://openknowledge.worldbank.org/handle/10986/28874

Number of participants enrolled in each cohort by gender



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Fast Track Initiation Counseling

Quantitative results: *(intervention vs control)*

FTIC participants were more likely to:

- Be “very satisfied” with their care (35% *vs.* 24%)
- Have had individualized adherence counseling prior to ART initiation (82% *vs.* 71%)
- Report feeling involved in decisions regarding their care (51% *vs.* 41%)

Fast Track Initiation Counseling

Qualitative results:

Patient-suggested strategies to improve ART initiation and adherence:

- Access to food for those food insecure
- Easier access to medication
- Reducing clinic waiting times – more staff, more facilities
- Improve staff attitude
- Better education, more campaigns and ongoing support
- Increased access for key populations

FTIC: Strengths & Weaknesses

Accountability (clinic and patients): *"To tell you the truth, the clinic is not doing much, first day when you have to start your treatment, they will tell you all the facts about alcohol, but as time goes on when you collect your treatment, they don't say much to remind you to keep taking your treatment well. It is not always they come with the strategy to help you if you can't take your treatment as instructed."* (Newly initiated patient – Control Site)

More counselling: *"I think they should provide counseling not only on that day, they should continue providing it until you feel you have accepted your status…Because immediately after finding out, they just tell you what you should do and what you should not do, after that they leave you."* (Newly initiated patient – Control Site)

Adherence Clubs

Qualitative results:

Patient-suggested strategies to improve ART initiation and adherence:

- Hold ACs also outside of work hours
- More AC staff, more clubs
- Run ACs consistently by the same staff
- Blood draws at AC
- Treatment of other long-term conditions through AC medication pick-up for such conditions

Adherence Clubs: Strengths & Weaknesses

Less time: *"I see the club as being better because we are no longer queueing up, you are even able to leave on time…you are able to get in early in the morning and then around 7 or 8am when they have arrived, they give you your pills and you go home or you go to work."* (Stable patient – Intervention Site)

Encourage adherence: *"These programmes encourage us to take our pills, and you know you will not qualify to be in a club if you do not take your pills correctly. You are transferred to a club only when you take your pills right."* (Newly initiated patient – Intervention Site)

Lack of information: *"…when they provide you with the pills they must also explain to you what your condition is at the moment…The file must be nearer so that you can see for yourself…They must carry along our files whey they give us the pills, instead of just giving us the pills and then leaving."* (Stable patient – Intervention Site)

Repeat Prescription Collection Strategies

Quantitative results:

- RPCS participants were more likely to:
  - Pick up medication every three months (39% adherence club, 23% DMD, 8% control)
  - Pick up medications outside the clinic (59% adherence club, 31% DMD, 0% control)
- 98% in AC and 93% in DMD rated their adherence as excellent

Patient-Suggested Strategies to Improve Decentralised Medicine Delivery

Qualitative results:

Patient-suggested strategies to improve DMD

- More staff at medication pick-up points
- Better locations of pick-up points and more pick-up points
- Open longer hours
- Provide more months of medication per pick-up visit

DMD: Strengths & Weaknesses

Save times: *"They are right because they save time and also assist in reducing the queue at the clinic…particularly by those people who are going to work."* (Stable patient– Intervention Site)

Don't have to take time off work: *"I think it helped me a lot because when I got there, I just produce my ID, they give me two months subscription, I don't wait on a queue, you won't find queues. I just go in and go out. I will start my work on time."* (Unstable patient– Control/DMD intervention Site)

Problems when not implemented well: *"We shouldn't be expected to be running behind the staff. It is wrong. Whoever is supposed to dispatch the treatment should know what is expected of him/her …They must know the number of people who are coming to collect their treatment on a particular date…When we come the following day, we mustn't be told to wait while they are still running around…"* (Stable patient– Intervention Site)

LESSONS LEARNT FROM PATIENT PERSPECTIVES

Fast Track Initiation Counselling

- Patients feel more supported by the additional counselling sessions in FTIC model
- Quality of FTIC counselling and education can still be improved
- Targeting certain population groups, the young and the old, can improve access and reduce waiting
- Increased campaigns are needed for promotion/awareness
- Poor staff attitude and service during initiation remains a threat to adherence

Adherence Clubs

- Time and transport costs saving are a benefit to patients
- Fewer visits to collect pills
- Sense of pride being part of a club
- Support from other patients appreciated
- Patients being given no choice about joining clubs seen as a potential weakness which could impact retention

Repeat Prescription Collection Strategies (DMD, AC)

- Picking up medication at a more convenient location is seen by patients as a key strength
- Patients in AC & DMD reported high satisfaction with the services and reported high adherence
- Implementation issues with staffing and medication delivery has potential to impact effectiveness
- Missing lab results is an issue with patients, repeating tests is not appreciated
- Patients recommended having bloods drawn at ACs or pharmacies

Enhanced Adherence Counselling and Tracing

- While EAC is in ART guidelines, intervention patients still received more counselling than controls and more use of desk aids/materials
- Staff attitude and time spent at clinic seen as a big deterrent to come for appointments
- Patients often unaware they are being traced, however saw tracing as beneficial for retention and encouraged greater CHW involvement
- As above, patients perceive missing labs and repeat tests as a negative issue

Recommendations for Implementation of AGL

- **Address clinic barriers:**
  - Ensure site readiness, sufficient resources and buy-in so providers feel engaged and empowered; staff attitude needs to improve
- **Train appropriate staff:**
  - Engage with staff, ensure appropriate people trained and provide ongoing mentorship and refresher training
- **Continue implementation of ACs**
  - Ensure facilities sufficiently resourced to run clubs – many patients want and benefit from the additional support
- **Continue to give patients a choice of RPCS**
- **Resolve DMD implementation and reporting issues:**
  - Scripting, staffing and data issues all need to be resolved to ensure patient adherence and prevent further congestion at facilities
- **Review forms and registers:**
  - Review forms proving complex/confusing (e.g. adherence plan) and ensure appropriate registers in place
- **Resolve issues related to blood draw:**
  - Ensuring that blood draws for VL are done and that RPCS patients are put in cohorts based on VL due date

"This year, we will take the next critical steps to eliminate HIV from our midst.

By scaling up our testing and treating campaign, we will initiate an **additional two million people on antiretroviral treatment by December 2020**."

President Cyril Ramaphosa, State of the Nation Address, February 16, 2018

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