

Differentiated Service Delivery: Selected Highlights from IAS 2017

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Differentiated Care at IAS



Differentiated Care Agenda at IAS 2017

Conference Sessions

Differentiated Care from Testing to Suppression: Are we at the Tipping Point?

Sunday 23 July, 12h30-14h30, Room 241, Non-Commercial Satellite, International AIDS Society (IAS) & the World Health Organization (WHO)

Better Data, Better Programmes: How Implementation Science is Transforming the HIV Response for Key Populations

Sunday 23 July, 14h45-16h45, Room 242, Non-Commercial Satellite, FHI 360/LINKAGES, amfAR, CDC, and USAID

The Next Wave of Prevention Options: An update and interactive discussion on the pipeline of injections, infusions and implants -- who will use, who will deliver, who will pay

Sunday 23 July, 14h45-16h45, Maillot Room, Non-Commercial Satellite, AVAC

Differentiated Service Delivery: Innovating for Impact

Sunday 23 July, 17h00-19h00, Room 241, Non-Commercial Satellite, ICAP at Columbia University

What's Different about Differentiated Care and Service Delivery?

Monday 24 July, 14h30-16h00, Maillot Room, Oral Abstract Session, including:

- Multi-month prescription of antiretroviral therapy and its feasibility: experiences from the Baylor International Pediatric AIDS Initiative (BIPAI) in six southern African countries
- Multi-month refills of antiretroviral drugs for stable patients in Malawi: assessing accuracy in the application of eligibility criteria at the health facility level

Alerts HIV Diagnostic Care: solutions to fast track 90-90-90

Tuesday 25 July, 07h00-08h30, Room 251, Corporate Satellite

Differentiated Service Delivery and Care: Key Considerations for Successful Scale-up

Tuesday 25 July, 11h00-12h30, Le Grand Amphithéâtre, Symposia Session

Changing Landscapes, Changing Gears: Differentiated Service Delivery for Adolescents Living with HIV

Tuesday 25 July, 14h30-17h00, Room 242, Workshop

Integration of HIV with Other Care Services

Wednesday 26 July, 11h00-12h30, Bordeaux Amphitheatre, Symposia Session

When Donors Leave...

Wednesday 26 July, 16h30-18h00, Bordeaux Amphitheatre, Oral Abstract Session, including:

- Can differentiated care models solve the crisis in treatment financing? Analysis of prospects for 38 high-burden countries in sub-Saharan Africa

Posters

- "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
- Isoniazid preventive therapy uptake and completion in the era of differentiated HIV care
- Retention and viral suppression outcomes of patients enrolled in family ART adherence clubs in Cape Town, South Africa
- Community-based ART initiation, delivery and monitoring in rural Southwest Uganda: participant experiences of a differentiated model of HIV care delivery
- Service delivery costs for HIV treatment under differentiated models of care for stable patients in Malawi
- Key population risk factors associated with differentiated HIV care in Tanzania
- Patient and health worker perspectives on implementation of models of differentiated care for stable HIV patients in Malawi
- Navigation and linkage to care outcomes among not-in-care HIV-infected patients identified by three referral sources: clinical providers only, HIV surveillance only and a combination model
- The role of community drug distribution point of care model on retention of HIV-positive individuals from a pastoral community in Kigali, Kigali 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
- High linkage to ART and HIV RNA suppression among HIV-positive MSM and TG, along with high PrEP uptake among HIV-negative MSM and TG, through community-led health service model in Thailand
- Retention in care and deaths in a decentralized model for ART delivery: lessons from field
- 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
- The role of needle and syringe programs (NSP) in linking people who inject drugs (PWID) to the HIV clinical care continuum in Kyrgyzstan
- Peers counselling at care entry point increase linkage to care among pre-ART HIV-infected patients: a case study
- Linkage-to-care among HIV-positive men who have sex with men (MSM) and transgender women (TW) diagnosed via venue-based testing in Lima, Peru
- Effectiveness of community-based HIV testing and counseling in identifying HIV-positive cases and linking to care in a concentrated epidemic in Viet Nam
- The Impact of an integrated adolescent youth centre and clinic on sexual reproductive healthcare utilization and HIV testing in the Western Cape
- Community outreach and care process improvement to maintain HIV patients in care in Northern Haiti
- HIV ART outreaches achieve more than 90% viral suppression and more client retention compared to the ART clinic in Eastern Uganda
- Engagement in care and viral suppression (VS) are not associated with same-day versus delayed antiretroviral therapy (ART) initiation during pregnancy in Cape Town, South Africa
- Enhancing referral to increase linkage to HIV care in rural South Africa: example from the ANRS 12249 TasP trial
- 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
- The standardized pediatric expedited encounters for ART drugs initiative: description and evaluation of an innovative pediatric ART health service delivery model in Tanzania
- Modifications to ART service delivery models by health facilities in Uganda to accommodate increased patient volumes: a mixed-methods study
- Gap analysis to determine health workforce requirements for HIV service delivery towards attaining the UNAIDS 90-90-90 goals in two counties in Kenya
- Informing targeted HIV self-testing service delivery in Malawi and Zambia: a multi-country discrete choice experiment



ICAP

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Columbia University
Mailman School of Public Health

Differentiated Care at IAS

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 CoP, webinars and south-south learning exchange. Kenya, Mozambique and Swaziland shared examples of DSD models for P@HR, CAGs and NCD. Gaps in M&E of DSD and a framework on how to address these gaps was discussed, including the need for new systems to aggregate relevant data.
Utilizing Implementation Science to Build Strategies for Differentiated Care for HIV	<i>Ruanne V Barnabas,</i>	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	<i>Maria Kim</i>	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:	<i>Margarete Prust</i>	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

www.ias2017.org

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Outline

- Perspectives
- Guidelines, resources and tools
- New data (selected)
- Additional resources

Outline

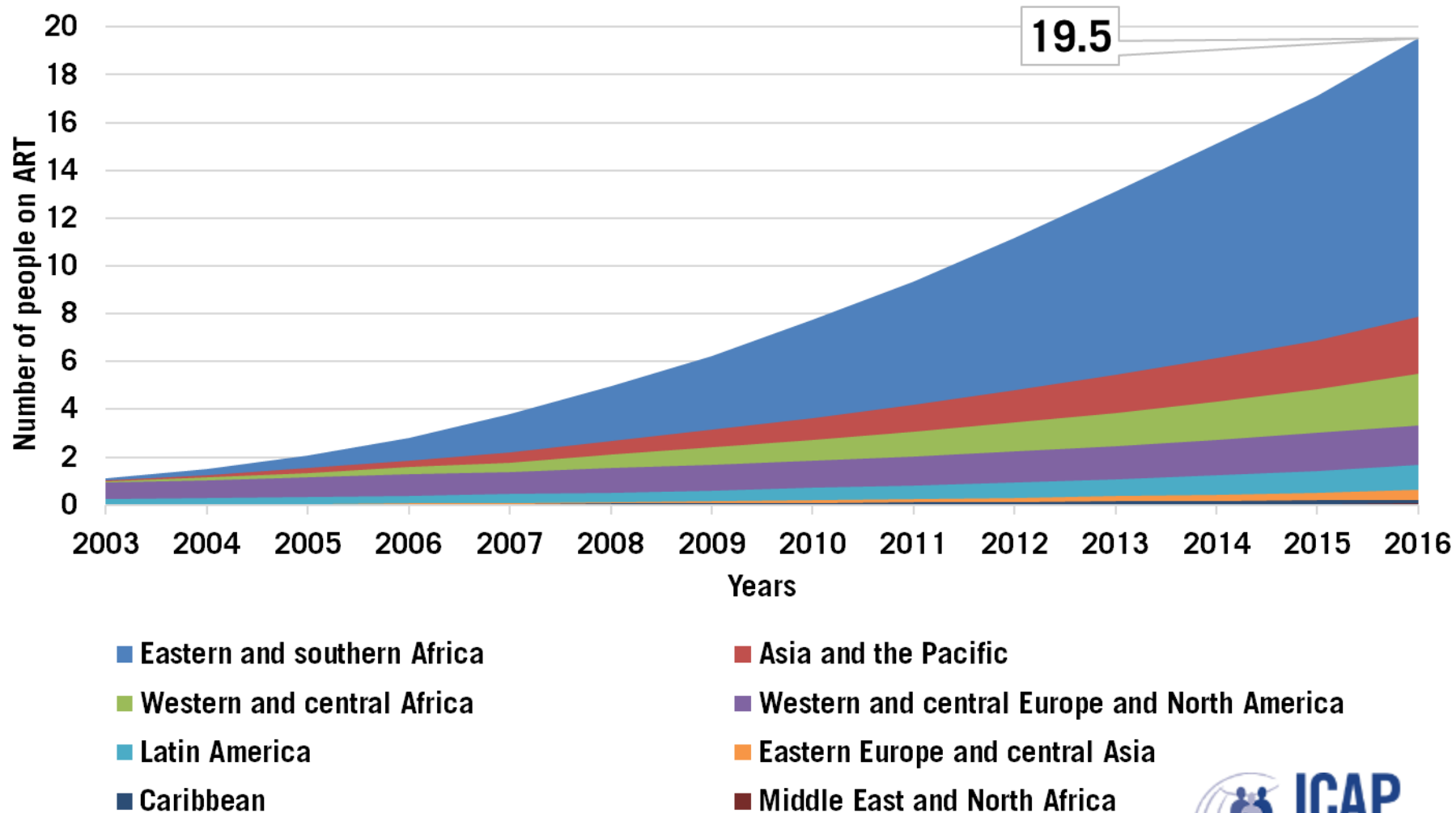
- Perspectives
 - Why DSD?
 - Beyond stable patients
 - Communities and civil society organizations
 - M&E of DSD
- Guidelines, resources and tools
- New data (selected)
- Additional resources

Persons Living with HIV Top Priority for Programs!

Wafaa El-Sadr, MD, MPH

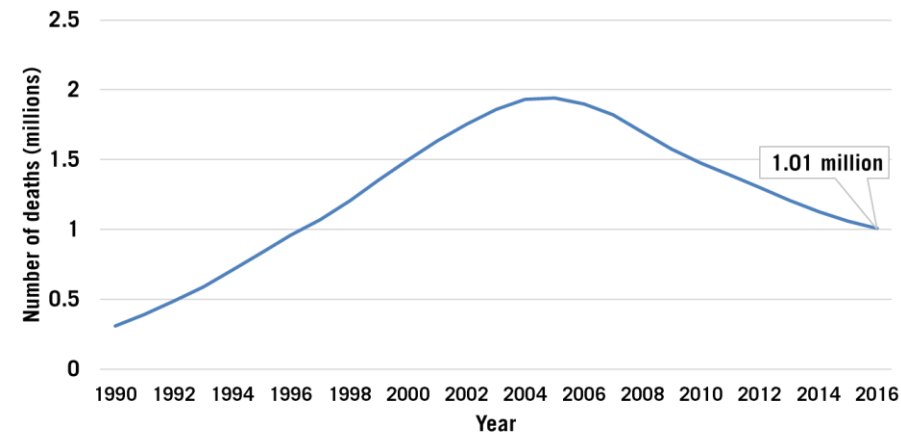


Global Scale-up of HIV Treatment

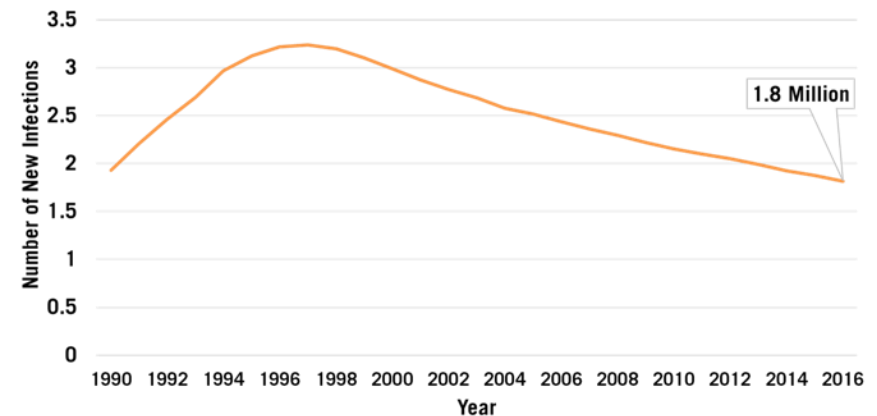


Remarkable Progress

Global AIDS Deaths

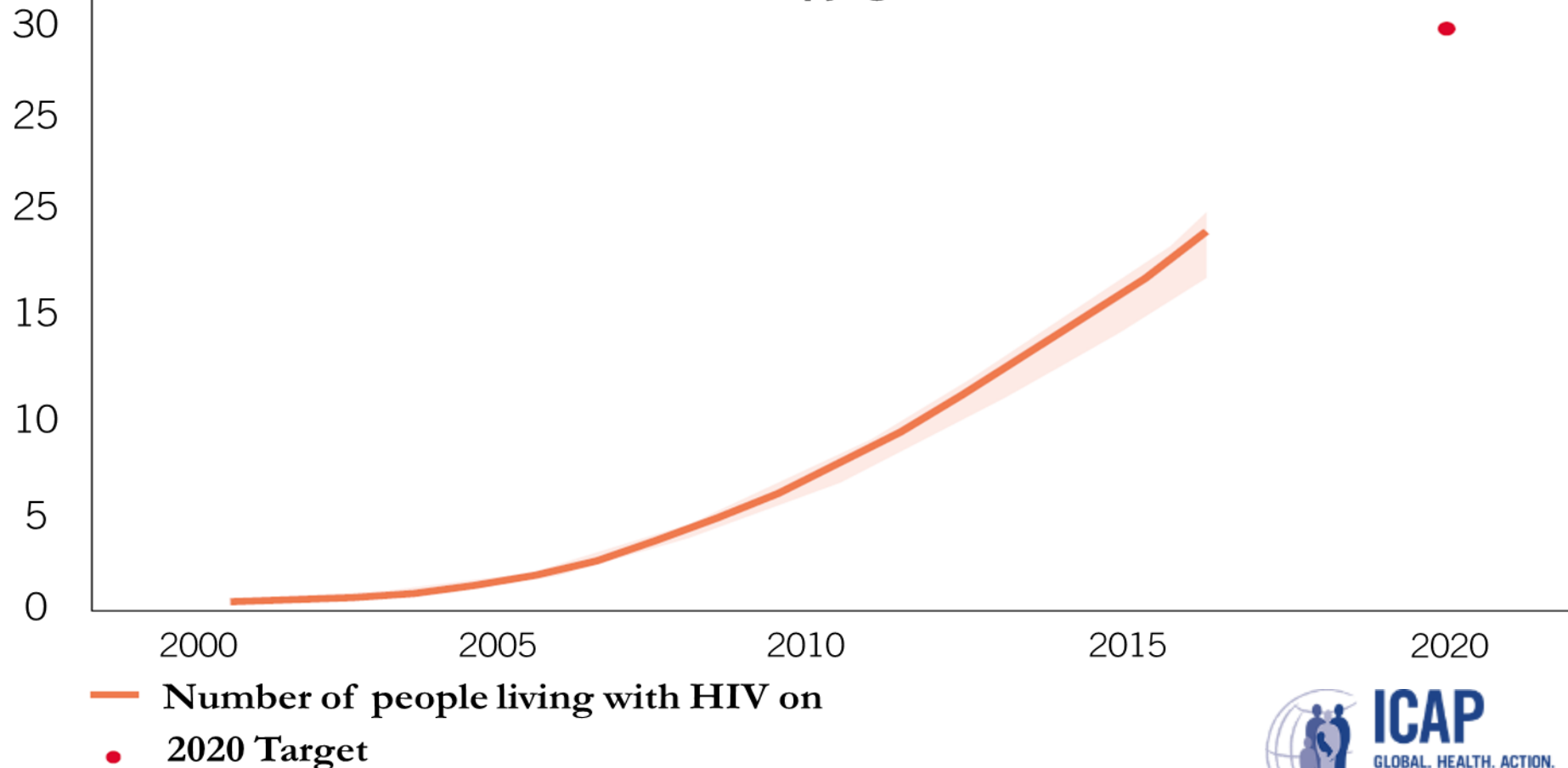


Global New HIV Infections

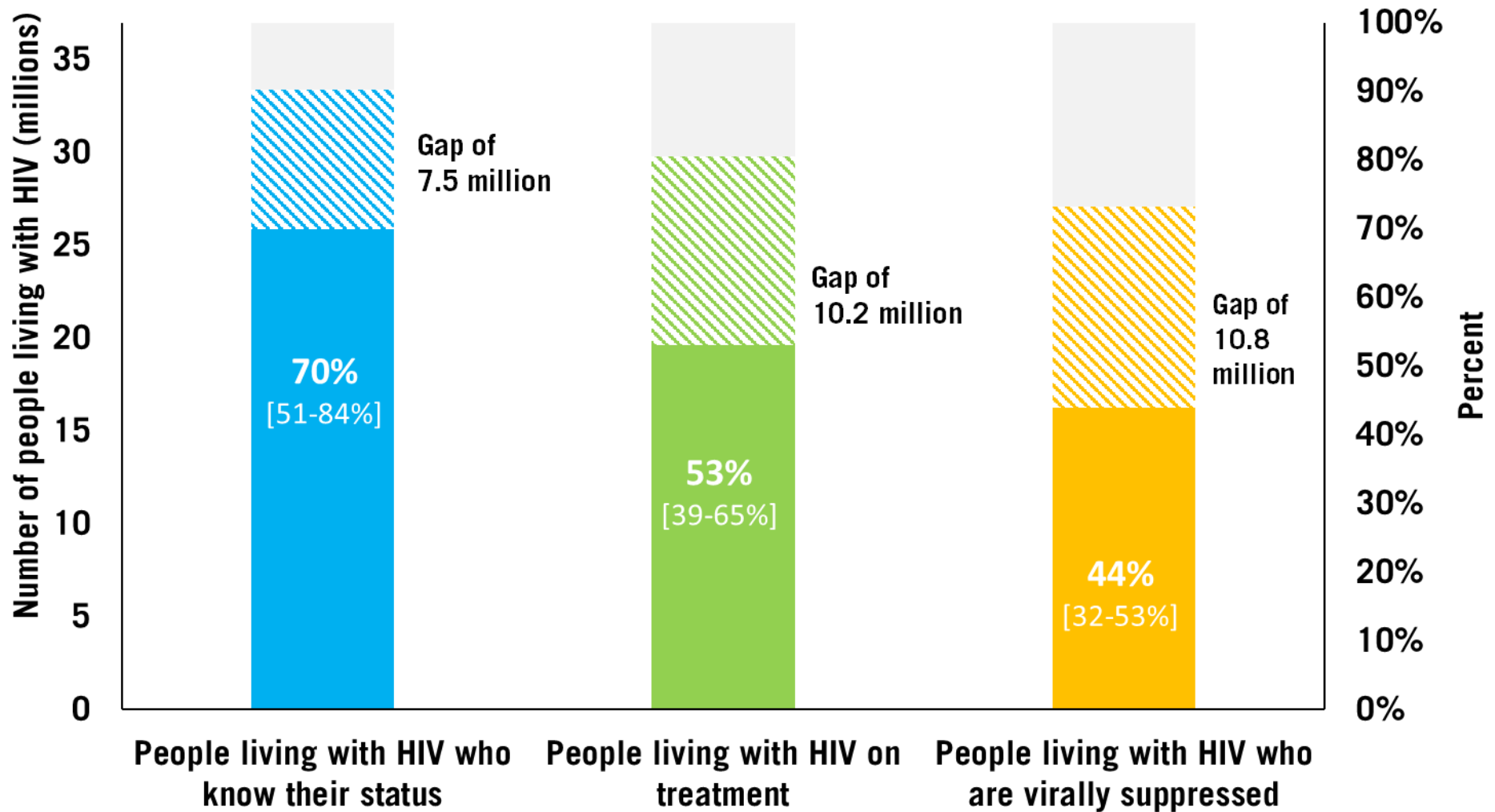


Challenges Ahead

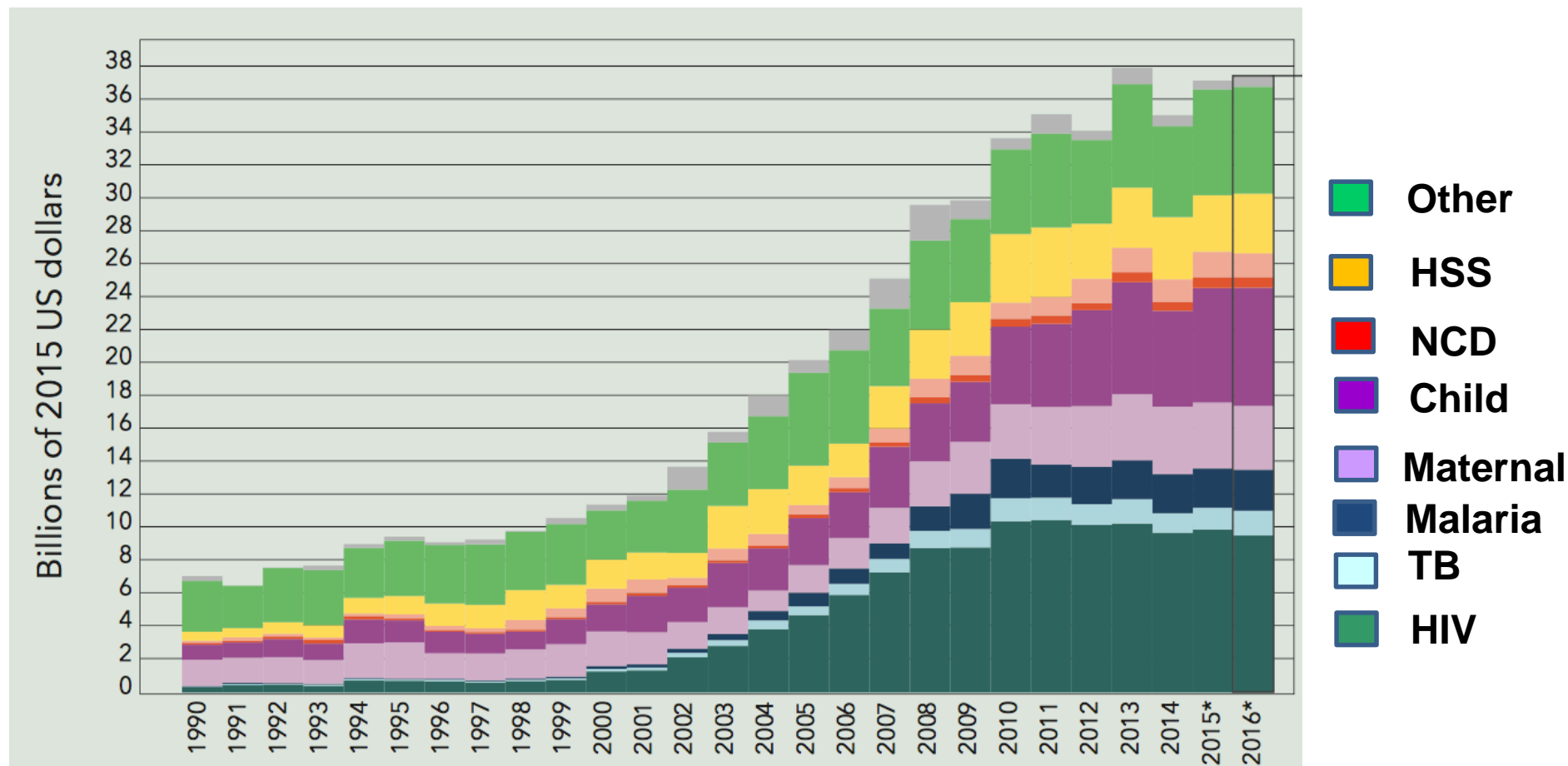
**Number of people living with HIV
on antiretroviral therapy, global, 2000–2016**



Challenges Ahead



Challenges Ahead



The Bottom Line

What Got
You Here
Won't Get
You There



MARSHALL GOLDSMITH



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Differentiated Care to the Rescue?



“A client-centred approach that simplifies and adapts HIV services across the treatment cascade in order to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while reducing the unnecessary burdens on the health facility.”

Shaping the “How” for Precision Public Health



Service Frequency

Monthly
Bimonthly
Every 6 months
Every 12 months



Service Intensity

ART initiation and refills
OI prevention and treatment
Clinical monitoring
Laboratory monitoring
Psychosocial support



Service Location

Hospital (inpatient or outpatient)
HIV clinic
Primary care clinic
Community
Home



Service Provider

Physician	Clinical Officer
Nurse	CHW
Pharmacist	Laboratorian
Peer	Family



90:90:90

Quality of Life

Efficiency

Equity

Epidemic Control

Beyond Stable Patients

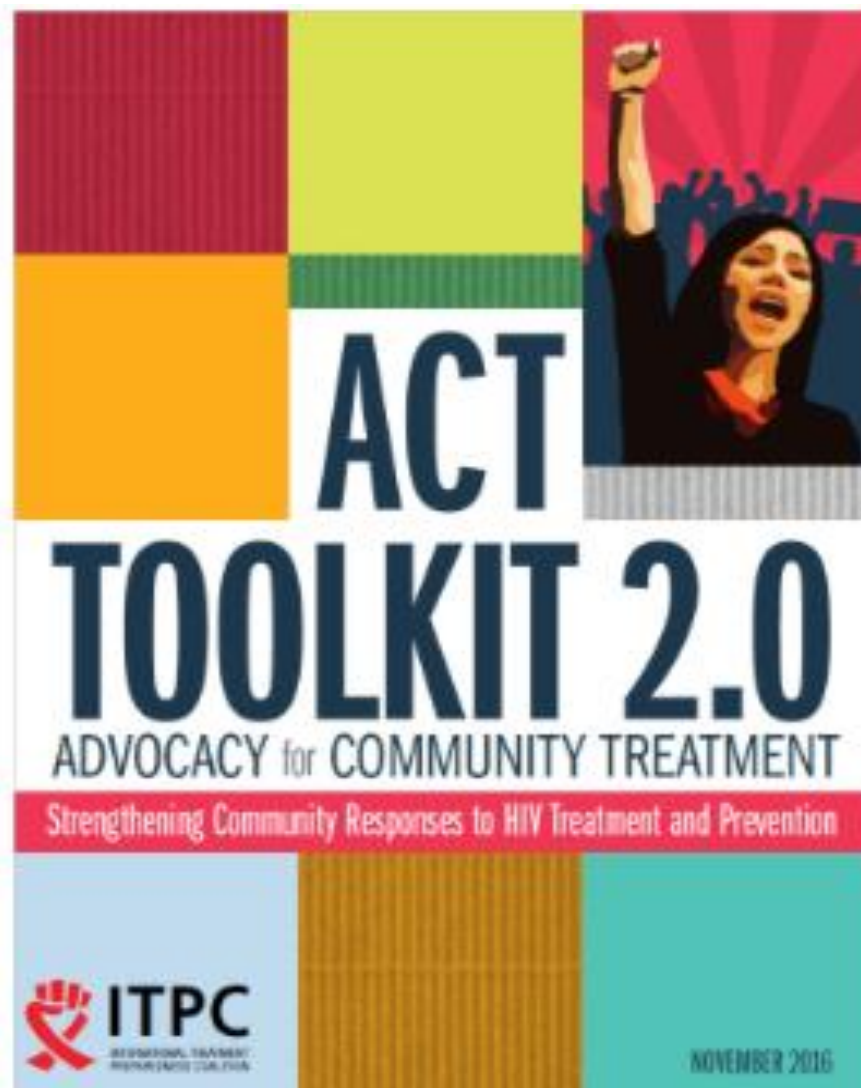
- Adolescents
- Patients at high risk of disease progression
- Men
- Individuals with both HIV and NCDs
- Key and priority populations

Role of Civil Society in differentiated care

George Ayala, PsyD
Executive Director

1. Deliver and tailor services;
2. Provide safe spaces;
3. Link with friendly healthcare providers;
4. Drive demand for quality, evidence-informed and rights-based services;
5. Monitor service implementation and document human rights abuses; and
6. Mobilize for advocacy.

Community Mobilization for DSD



Differentiated M&E

- Countries are rapidly adopting diverse differentiated service delivery models (DSDM)
 - eligibility criteria and DSD models vary
- Monitoring and evaluation systems (tools, reporting, databases) are often not tailored to these new models
 - New data elements may be needed
 - Some current data no longer applicable at visits
 - Data may be collected in the community, by patients
 - Flexible DSDM *vs.* standardized M&E

Differentiated M&E

The challenges:

- Changes in program design associated with DSDM may cause problems for existing M&E systems
- Existing M&E systems may not capture the information needed to monitor and evaluate DSDM

The solution: Differentiated M&E

- Harmonizing and streamlining systems
- Updating patient and program level data
- Need for “parsimonious and practical” systems

Outline

- Perspectives
- Guidelines, resources and tools
- New data (selected)
- Additional resources

Beyond Stable Patients



KEY CONSIDERATIONS FOR
DIFFERENTIATED ANTIRETROVIRAL
THERAPY DELIVERY FOR
SPECIFIC POPULATIONS:

CHILDREN, ADOLESCENTS, PREGNANT AND
BREASTFEEDING WOMEN AND KEY POPULATIONS



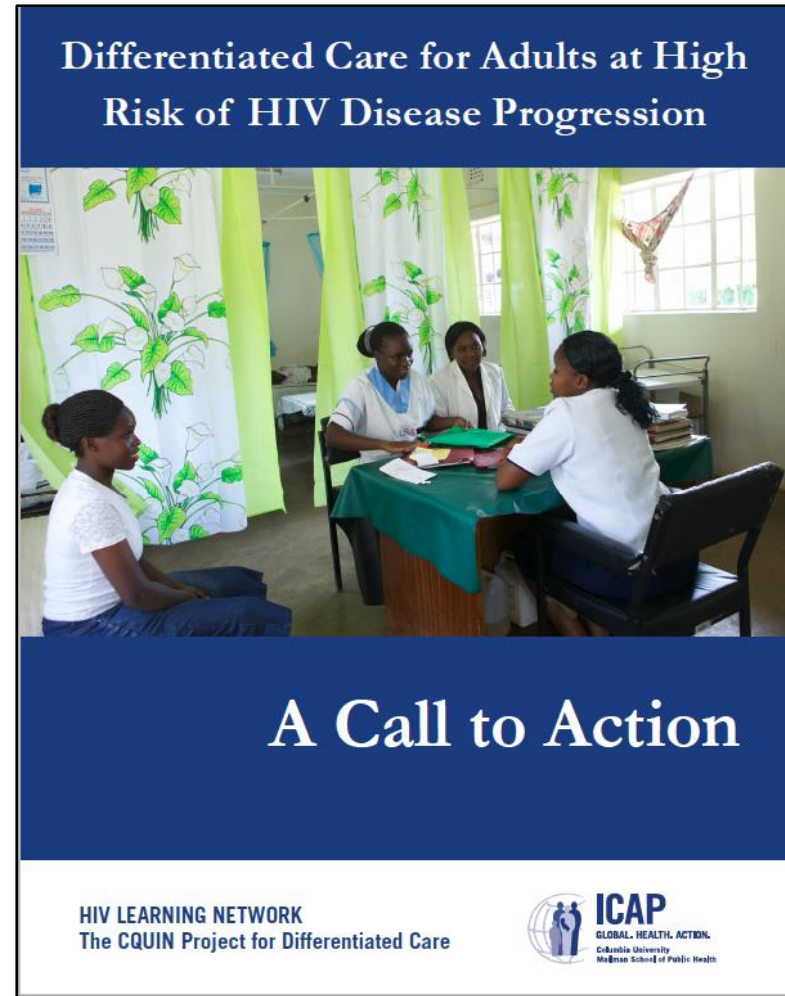
World Health
Organization



**WAITING ISN'T AN OPTION:
PREVENTING AND SURVIVING ADVANCED HIV**



Advanced Disease and P@HR



Decision Framework

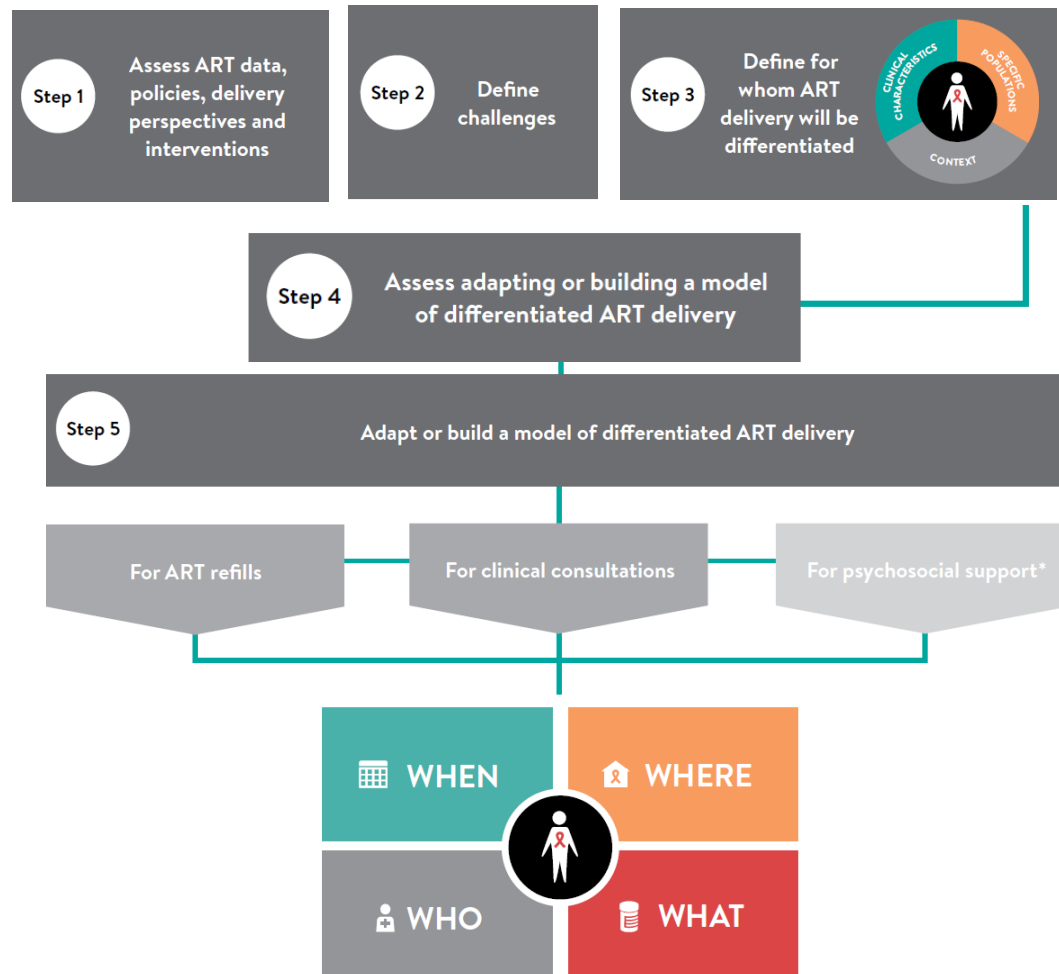


DIFFERENTIATED CARE FOR HIV:

A DECISION FRAMEWORK FOR DIFFERENTIATED ANTIRETROVIRAL THERAPY DELIVERY

For children, adolescents and pregnant and breastfeeding women

It's time to deliver differently.



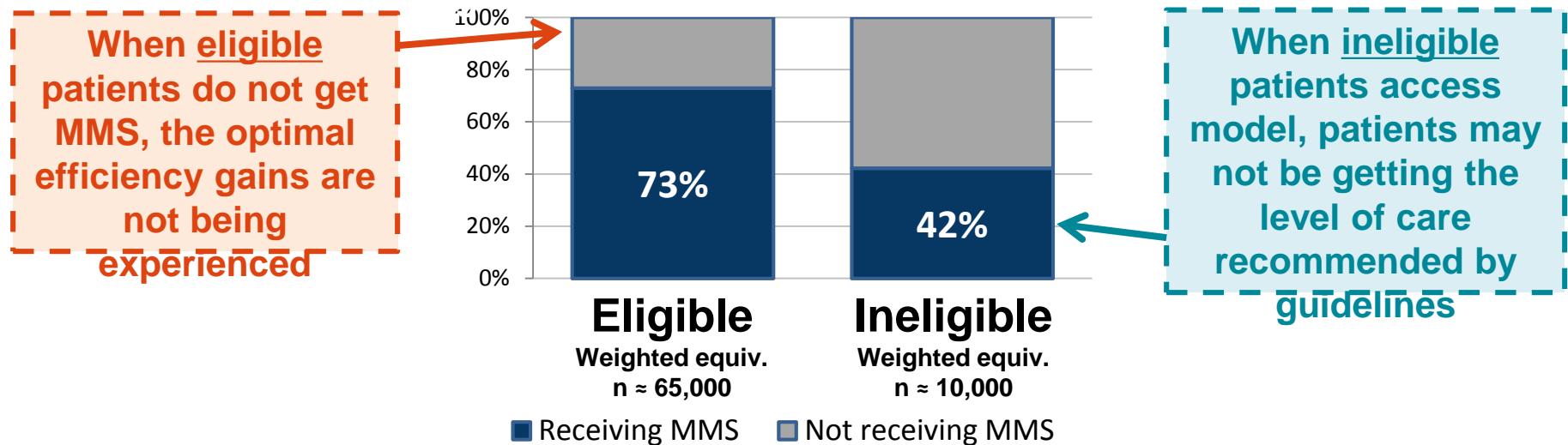
Outline

- Perspectives
- Guidelines, resources and tools
- New data (selected)
 - Accurate differentiation in Malawi
 - Fast track for children in Tanzania
 - Outreach/mobile ART in Eastern Uganda
 - Retention in care in South Africa
 - Modeling DSD cost savings
- Additional resources

Multi-month refills of ART for Stable Patients in Malawi

Prust et al.

Percentage of eligible and ineligible patients



According to health worker interviews, causes of incorrect patient differentiation may include facility- and patient-level factors:

Failure to include eligible patients:

- Lack of knowledge about policy
- Provider concerns about MMS
- Low drug stocks
- Poor adherence not captured in eligibility measure for this study

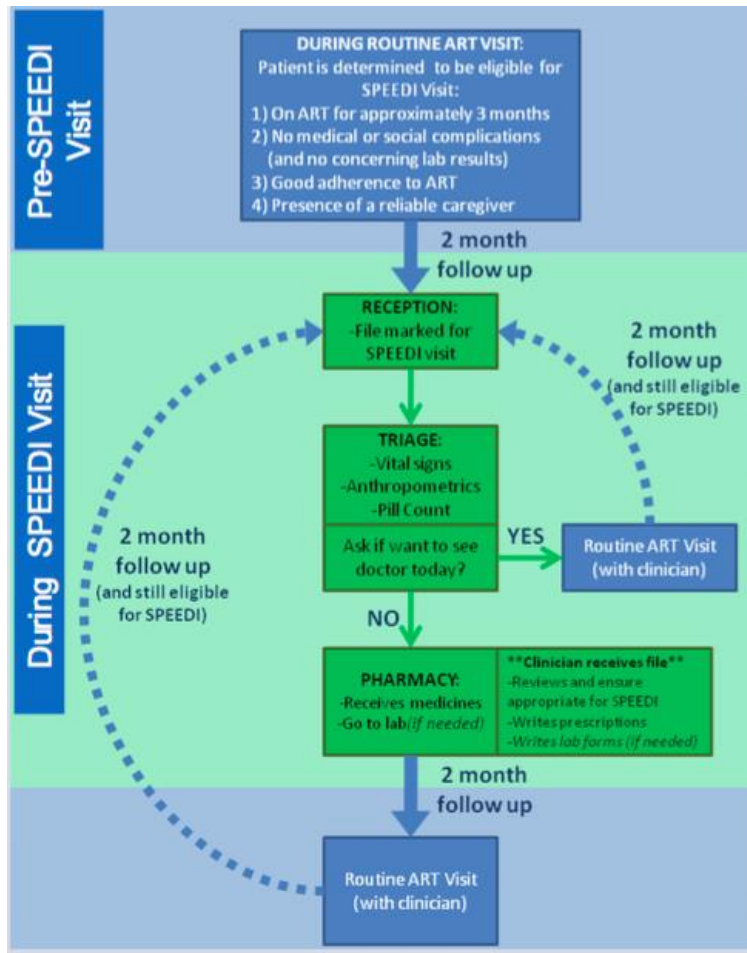
Inclusion of ineligible patients:

- Lack of understanding of criteria
- Attempt to reduce workload
- Unrecognized transition to becoming ineligible
- Patient requests



SPEEDI ART refills for children in Tanzania

(Bacha et al.)



- Retrospective cohort study comparing children enrolled in the Standardized Expedited Encounters for ART Drugs Initiation (SPEEDI) model to those in standard care at a Center of Excellence in Mbeya, Tanzania
- 1164 patients in SPEEDI model (51%)
- SPEEDI patients had lower loss to follow up and lower mortality

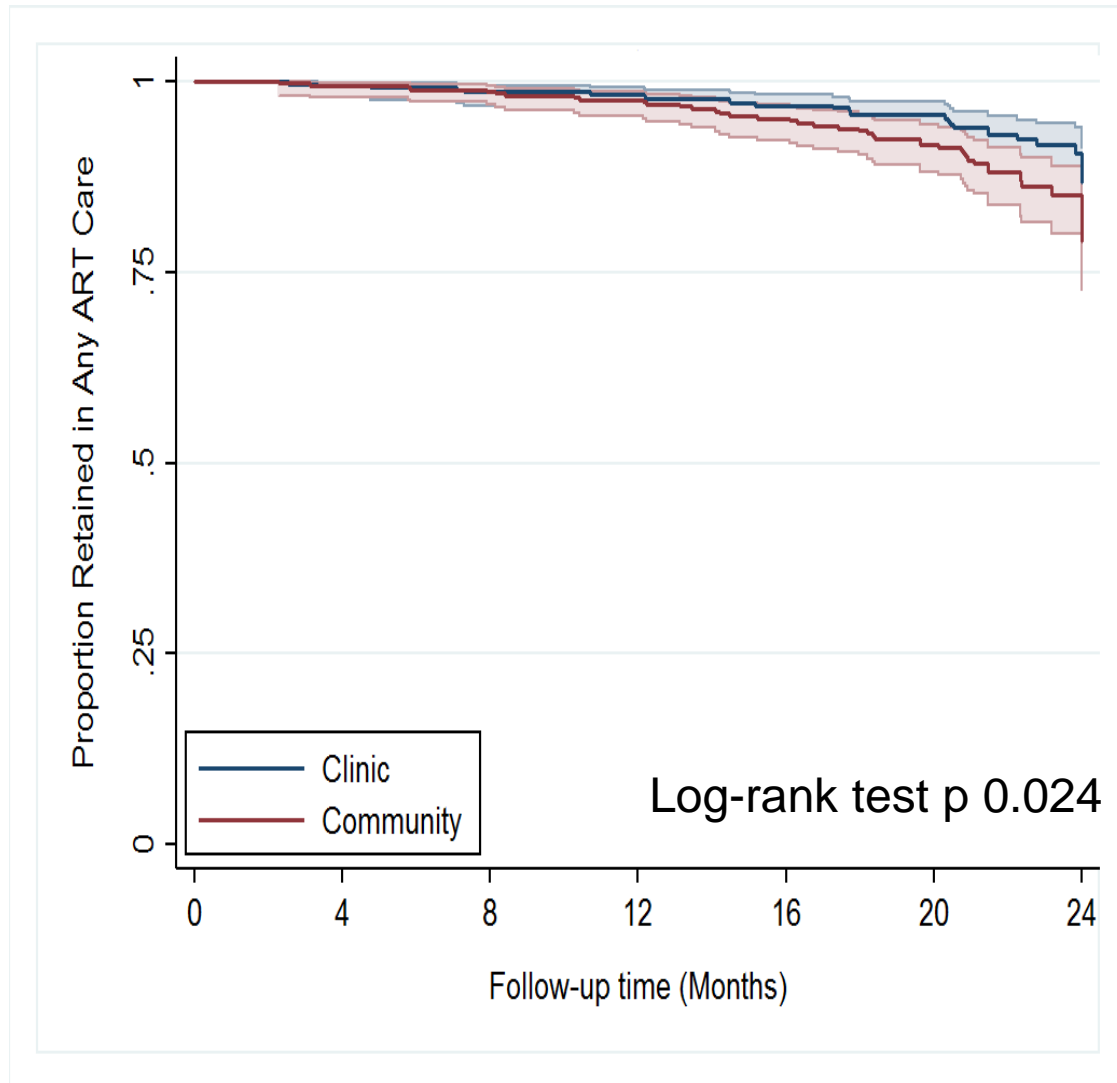
HIV ART Outreach in Eastern Uganda

(Muddu et al.)



- Retrospective analysis of 447 patients at a single clinic
- Compared retention and viral suppression in patients seen @ clinic (static) vs. by outreach team in community
- Similar rates of viral suppression ($> 90\%$)
- Retention higher in outreach group (99% *vs.* 92%)

Retention in community vs. clinic-based adherence clubs in South Africa (*Hanrahan et al.*)



24 month proportion retained in any ART care and virally suppressed:

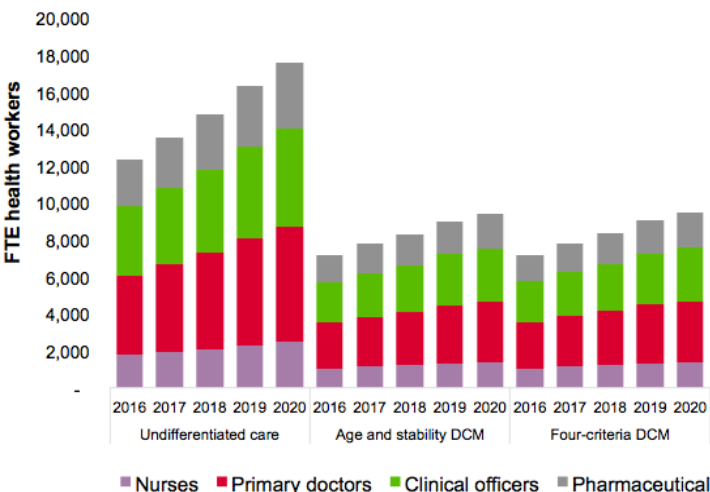
Clinic: 93% (95% CI 90-95%)

Community: 88% (84-91%)

Can DSDM Solve the Crisis in HIV treatment financing?

(Barker et al.)

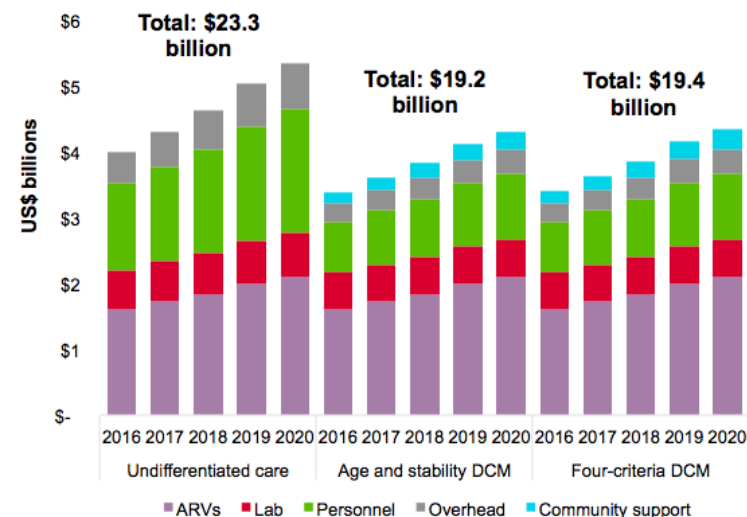
Results: FTE health workers required by scenario



Key takeaways:

- DCM scenarios require fewer health worker FTEs for ART, meaning health workers may be able to see additional patients or perform other tasks.
- In 2020, about 46% fewer FTE health workers are needed under the DCM scenarios compared with the undifferentiated care scenario.

Results: ART costs across all 38 countries



Key takeaways:

- 17.5% (US\$4.1 billion) and 16.8% (US\$3.9 billion) could be saved from 2016 to 2020 from implementing the two-criteria DCM and four-criteria DCM, respectively.
- Community health costs would need to average US\$125 per person to eliminate any cost savings from DCMs.

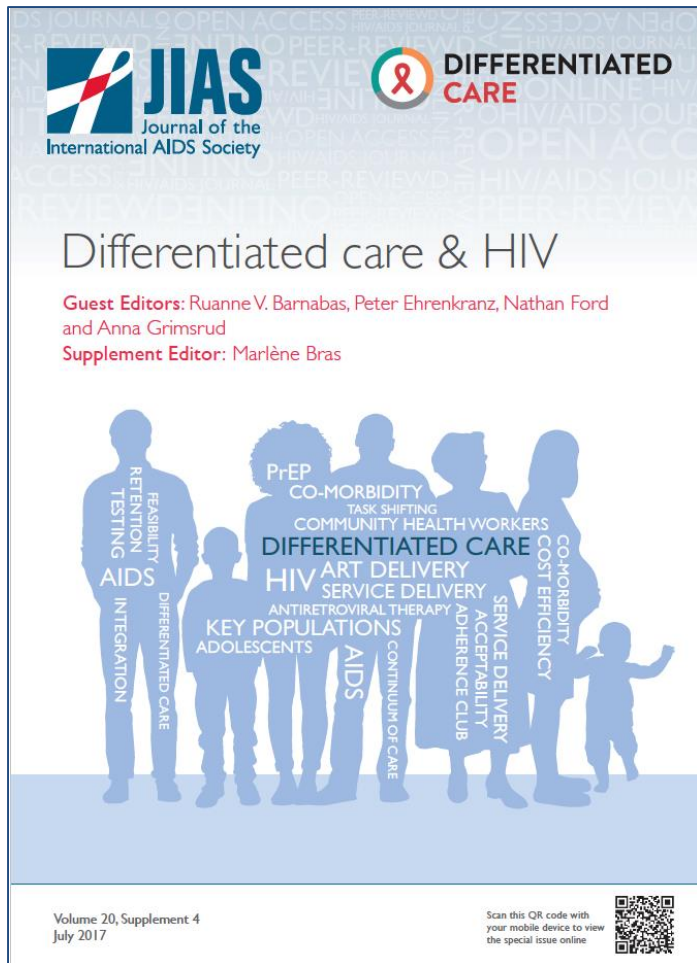
- \$3.9 – 4.1 billion estimated cost savings from implementing DSD from 2016 - 2020
- 32 – 36% reduction in financing gap for facility-based ART services
- 46% saving in health worker time
- *Excludes above-site costs, including start-up*
- *Lack of data on community-level ART support costs*

Outline

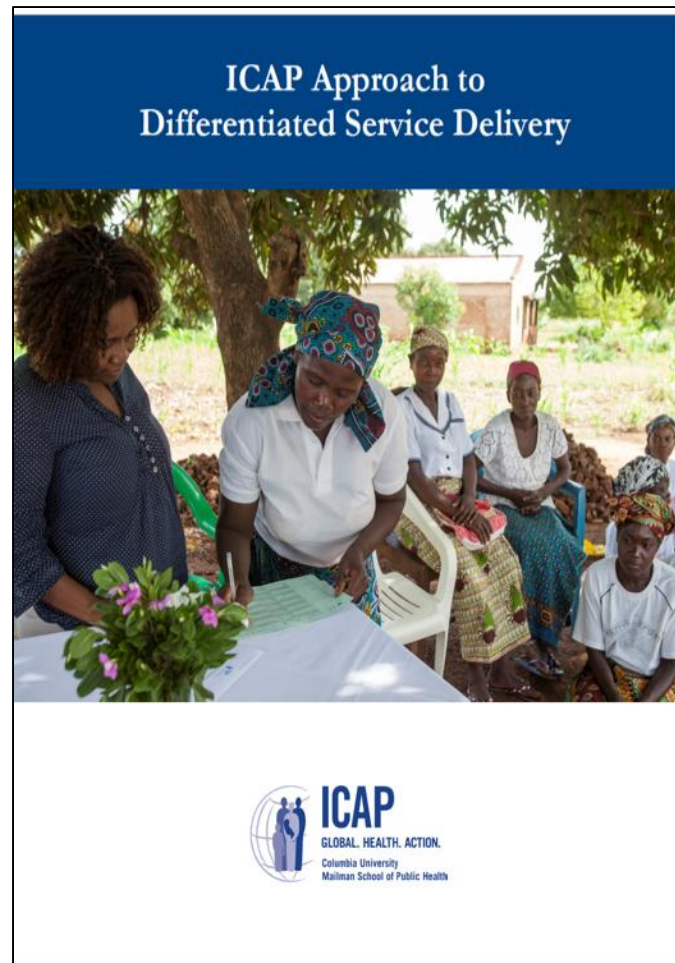
- Perspectives and vision
- Guidelines, resources and tools
- Data and experiences
- Additional resources

Additional Resources

www.jiasociety.org



cquin.icap.columbia.edu



A close-up photograph of a woman with a bindi on her forehead, wearing a colorful striped headscarf. She is carrying a large, dark, round basket on her head. In the background, another person is visible carrying a similar basket, and the setting appears to be a hilly, rural area with a cloudy sky.

Online knowledge repository
www.differentiatedcare.org

Global and country guidance

- **ART delivery model examples & tools**
- **Published evidence & resources**

Questions? Additions?

Slides and links at: cquin.icap.columbia.edu