

Session 14b: Recap HIV DSD: Opportunities & Challenges for TB Prevention and Care Lusaka, March 2019

Lee Abdelfadil

Senior HIV advisor – The Global Fund

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Meeting rationale

- DSD models generally shift recipients of HIV care who are stable and doing well to less-intensive models
- These changes create both challenges and opportunities for TB/HIV service delivery

Workshop Objectives

- Identify opportunities and challenges posed by DSD for TB/HIV service delivery
- Facilitate exchange of knowledge, best practices, innovations, resources and strategies
- Identify common gaps, challenges and opportunities for future joint learning, co-creation of tools and resources and future south-to-south exchange visits

The meeting ...

- 120 participants
- 80 participants were from seven CQUIN countries -Ethiopia, Kenya, Mozambique, South Africa, Uganda, Zambia, and Zimbabwe
- representatives from MOH HIV and TB programs, CSOs, recipients of care, academia, PEPFAR their implementing partners and other stakeholders.
- representatives from ICAP, WHO, UNAIDS, the Global Fund, Bill & Melinda Gates Foundation, IAS, ITPC, CDC, USAID, and other experts

What do different DART models mean for TB/HIV services?

		INDIVIDUAL	GROUP
WHERE	FACILITY	<p>Facility-Based Individual Models</p> <ul style="list-style-type: none"> • Fast Track ART Refills • Appointment Spacing • Multi-Month Scripting and Dispensing 	<p>Facility-Based Group Models</p> <ul style="list-style-type: none"> • Facility ART Refill Group • Facility-Based Adherence Group • Facility Teen Clubs
	COMMUNITY	<p>Community-Based Individual Models</p> <ul style="list-style-type: none"> • Community Drug Distribution • Mobile Outreach (with or without ART Initiation) 	<p>Community-Based Group Models</p> <ul style="list-style-type: none"> • Community ART Refill Group • Community-Based Adherence Group • Community Teen Clubs

Key messages - 1

- A significant reduction in TB incidence is needed to achieve global targets
- Ongoing challenges related to TB screening, case finding and diagnosis for people living with HIV
- TB messaging and community literacy lag behind those of HIV and need improvement.

Key messages- 2

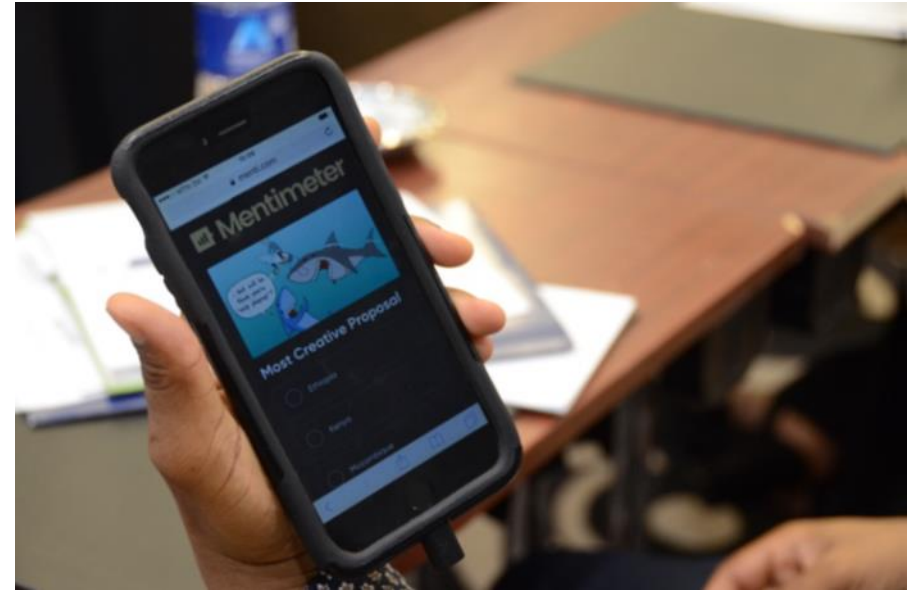
- Limited data on TB screening and linkage in DART models
- Strong support for provision of TB preventive treatment to people in DART models
 - Multi-month prescribing of INH, though recognition of complexities
 - Excitement about new TPT regimens (3HP, 1HP etc)
 - Update indicators that only track TPT amongst people newly-starting ART

Key messages-3

- Simplified and harmonized M&E system utilized by all HIV and TB stakeholders
- Meaningful engagement of recipients of care : “nothing about us without us” and “it takes two to tango”

Pursuing innovation

- Alignment of IPT to ART multi-month refills for stable recipients of care for improved uptake and completion of IPT, Uganda
- Selfcare for TPT in DSD, Zambia
- Optimizing TB/HIV Services at the Community Level in Siaya , Kenya
- Feasibility of Community-Based DSD Models to Scale up TB Case Finding & TPT uptake in Two High Volume Rural Facilities, Zimbabwe



Agreed next steps

- CQUIN community of practice on ‘differentiated’ TB/HIV.
First project = toolkit for TPT in the context of DART models (Cassia Wells)
- Micro-grants from CQUIN to explore multi-month TPT for people in DART models
- IAS satellite session
- More from WHO and IAS