



Integrating for Impact: Differentiated Service Delivery for People Living with HIV and Non-Communicable Diseases

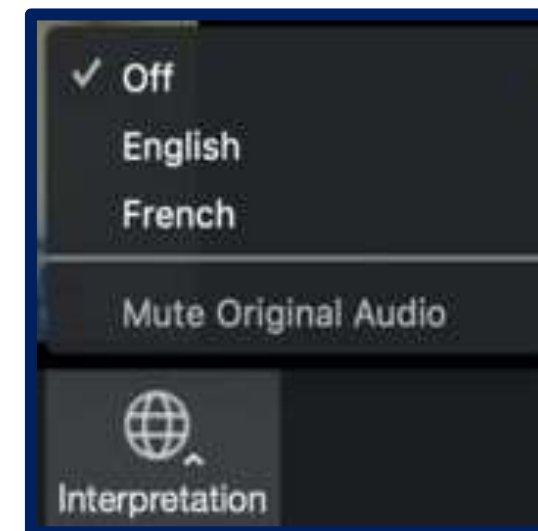
October 6, 2020

- Please type your name, organization and email address in the chat box
- If you would like to join the CQUIN WhatsApp group, please also add your telephone number 😊
- Please ask questions to panelists in the Q&A box
- Veuillez saisir votre nom, votre organisation et votre adresse électronique dans la boîte de discussion
- Si vous souhaitez rejoindre le groupe CQUIN sur WhatsApp, veuillez également ajouter votre numéro de téléphone 😊
- Veuillez poser vos questions aux panélistes dans la boîte à questions et réponses



Welcome/Bienvenue

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



Today's Agenda

Part 1: Introduction and Framing Remarks

- Miriam Rabkin, Director of Health Systems Strategies, ICAP at Columbia
- Catherine Godfrey, Senior Technical Advisor, OGAC/PEPFAR
- Jennifer Cohn, Senior Vice President, Cardiovascular Health, Resolve to Save Lives

Part 2: Panel Discussion

- Helen Bygrave, Technical Advisor, IAS/MSF
- Idrissa Songo, Executive Director, NETHIPS Sierra Leone
- Herve Kambale, Differentiated Service Delivery Technical Advisor, MOH Eswatini
- Martin Muddu, Treatment Advisor, Makerere University Joint AIDS Program, Uganda
- Maggie Munsamy Technical Specialist, Centralised Chronic Medicines Dispensing and Distribution model (CCMDD), National Department of Health, South Africa

Part 3: Reflections and Closing Remarks

- Stephen Ayisi Addo, Program Manager, National AIDS Control Program, Ghana
- Jennifer Cohn, Senior Vice President, Cardiovascular Health, Resolve to Save Lives

Framing Remarks: Presenters



Miriam Rabkin
Director of Health Systems Strategies
ICAP at Columbia University



Catherine Godfrey
Senior Technical Advisor
PEPFAR/Office of the Global AIDS Coordinator



Jennifer Cohn
Senior Vice President, Cardiovascular Health
Resolve to Save Lives



Integrating for Impact: DSD for people with both HIV and NCDs

Miriam Rabkin, MD, MPH

Associate Professor of Medicine & Epidemiology
Director for Health Systems Strategies, ICAP Columbia
Columbia University Mailman School of Public Health



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

DSD for HIV and NCDs



HIV Learning Network:
The CQUIN Project for Differentiated Service Delivery

Newsletter Signup

Select Language

COVID-19 Information and Resources



About CQUIN

Network Countries

South to South Learning

Network Focus Areas

News and Events



CQUIN
LEARNING
NETWORK
Shaping the Future

COVID-19 Resources & Information

Monitoring & Evaluation of DSD

Quality and Quality Improvement

Differentiated TB/HIV Services

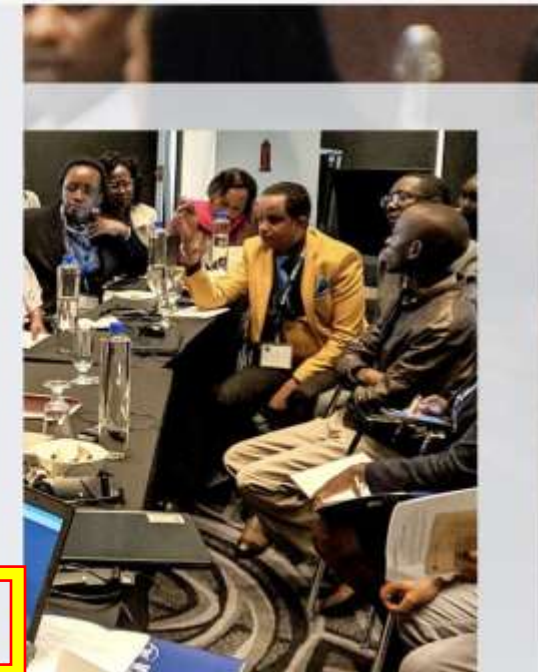
DSD for Advanced HIV Disease

DSD for Key and Priority Populations

Differentiated MCH Services

DSD for Men

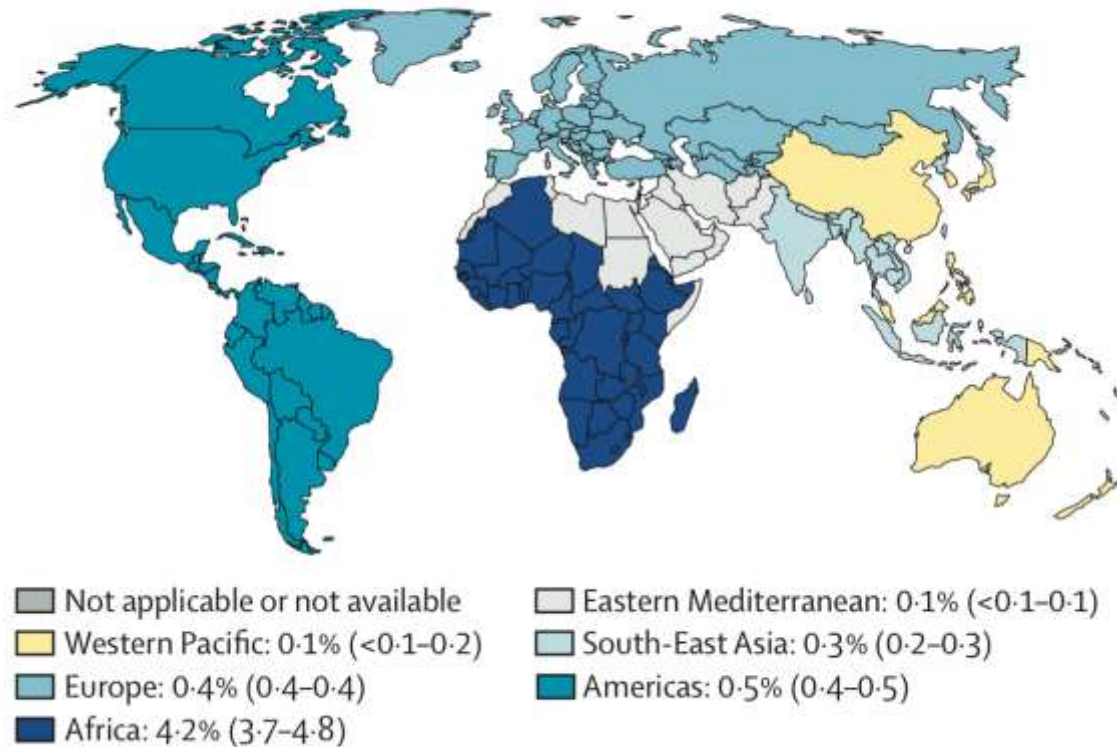
DSD for People with both HIV and NCDs



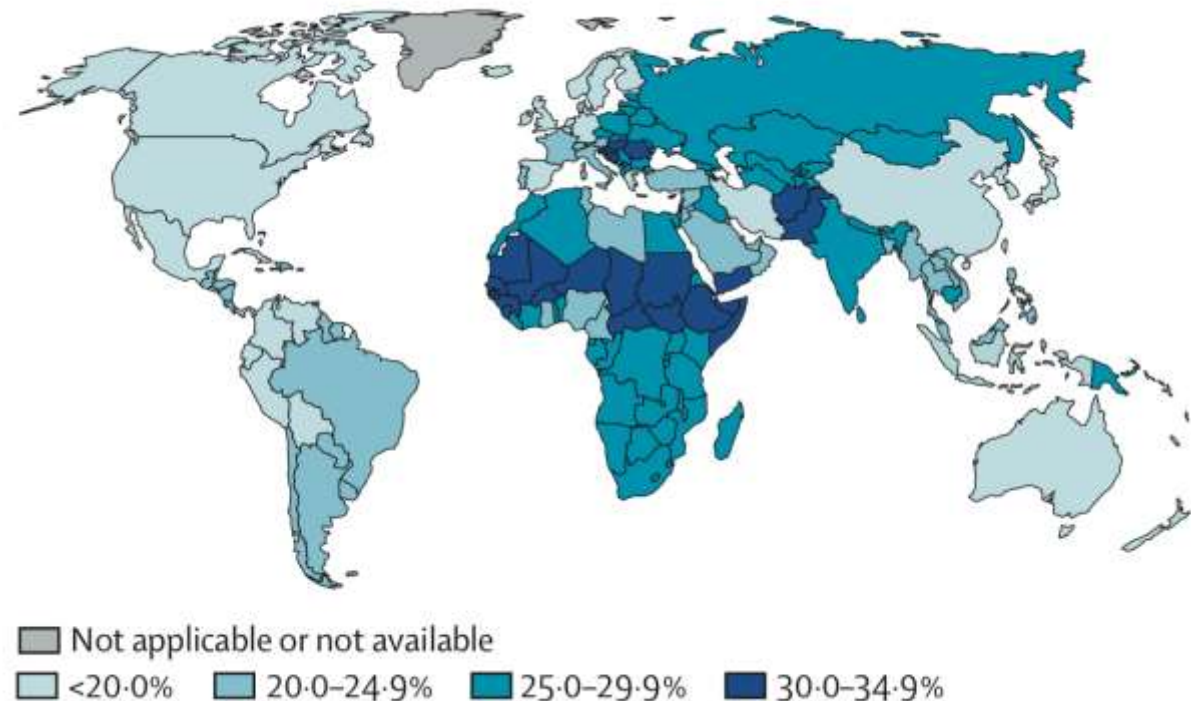
Making the HIV-NCD Connection – 1

So-Armah *et al.* Lancet 2020; vol 7, issue 4, p e279-e293

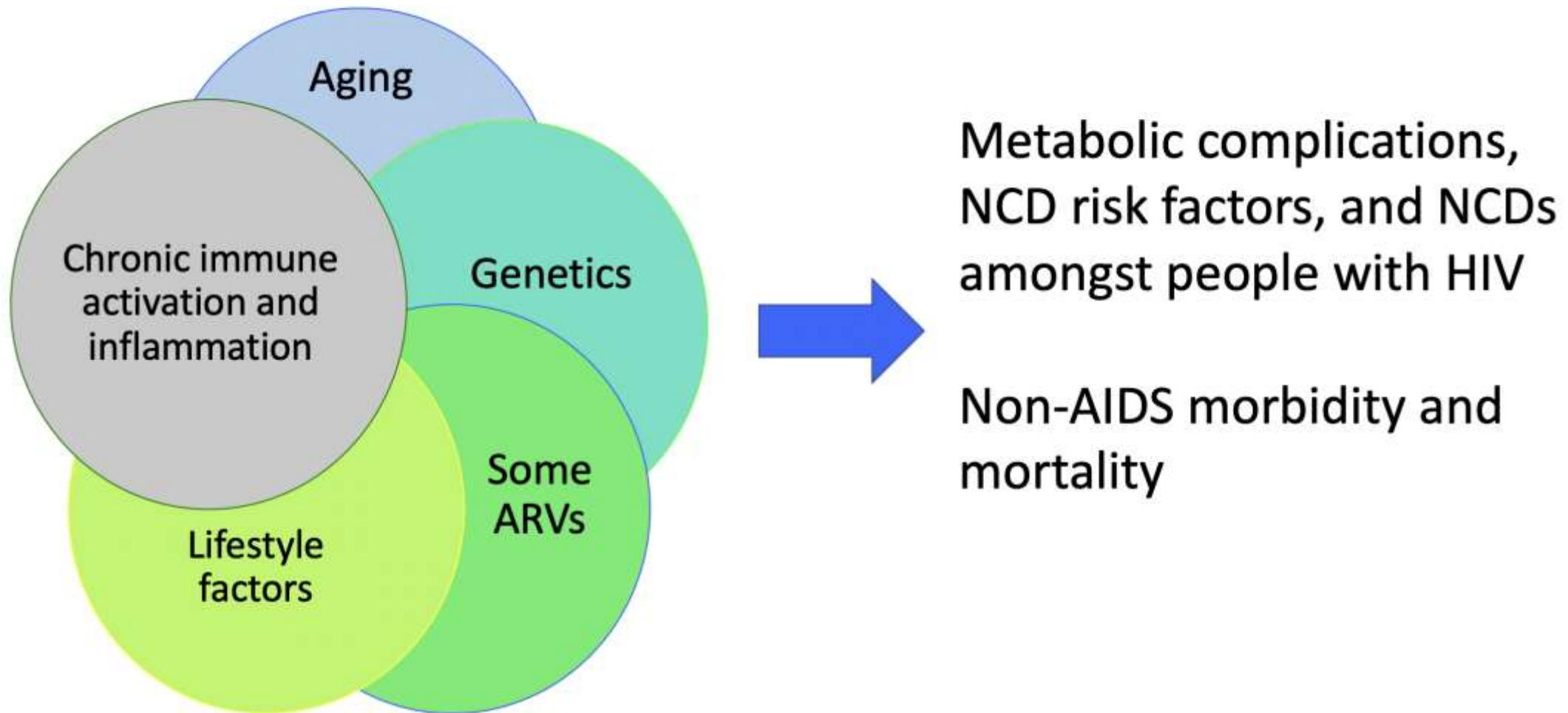
A Prevalence of HIV among adults



C Prevalence of raised blood pressure



Making the HIV-NCD Connection – 2



Differentiated Service Delivery

- A client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system. – IAS
- Focuses on the **how**, not the **what**, of service delivery
- Balances the need for tailored programs with the importance of the public health approach to delivering services at scale

DSD Models for People Doing Well on Treatment

Know Your DSD Models
Differentiated Service Delivery



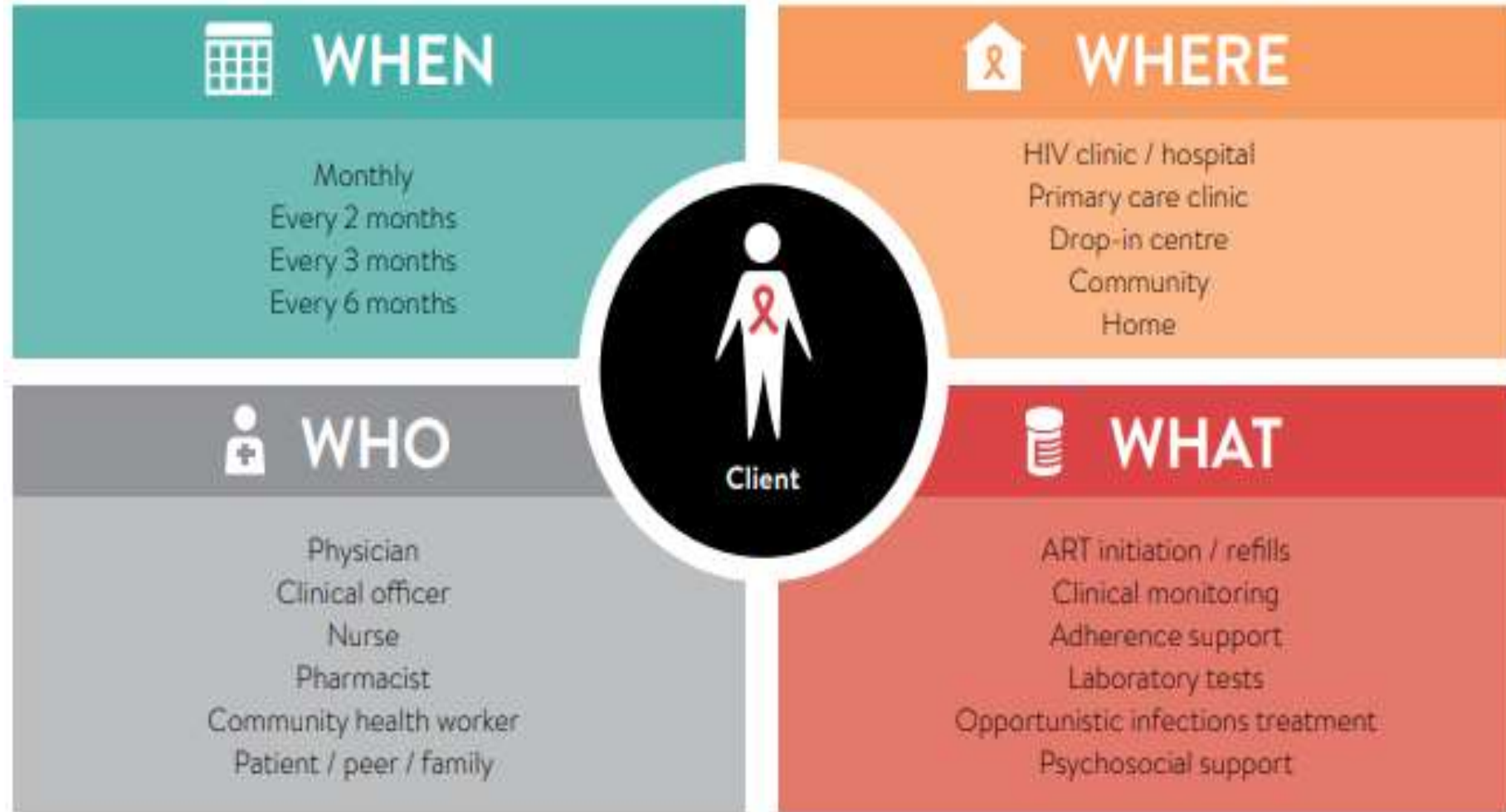
Club refill
Fast-track
Outreach
Family member refill
Community ART refill groups (CARGs)

DSD is a client centered approach and it entails offering services according to the needs of the client.

N.B. People living with HIV (PLHIV) must adhere to their treatment regimen to be eligible for a DSD model or not.

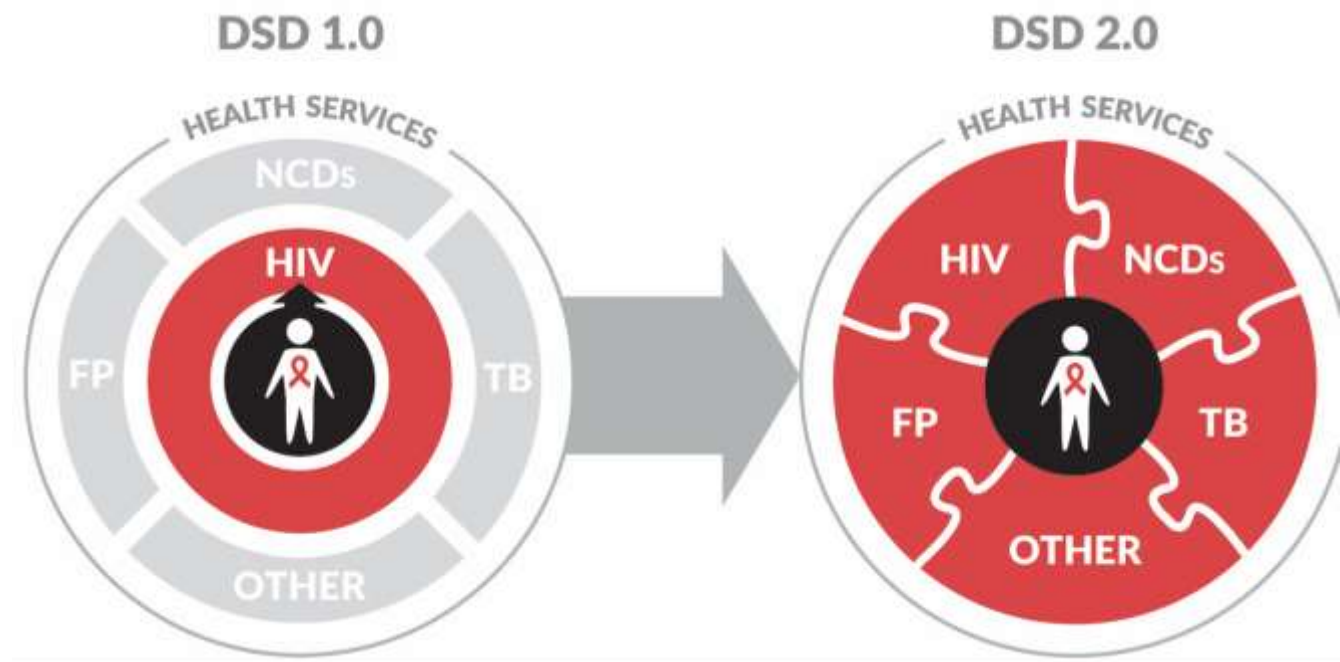
ITPC **ZNNP** **AZY**

Contact Us: Zimbabwe National Network of People Living with HIV (ZNNP)
28 Divino Road, Midtown Park, Harare. Tel: +263 774151276
Email: info.znnp@gmail.com Website: www.znnp.org
Zimbabwe National Network of People Living with HIV @znnpinfo



Why provide DSD for both?

- From the health system perspective, chronic disease services share key characteristics
- From the recipient of care perspective, coordinating and integrating services may improve uptake, adherence and retention in both HIV and NCD programs



Key Questions

- Has the case been made?
- If so, what are the barriers to designing DSD programs for people with both HIV and NCDs?
- What are examples of successful implementation and what can we learn about tackling these barriers?
- What's next?



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Differentiated Service Delivery for People Living with HIV and Non-Communicable Diseases: the PEPFAR perspective

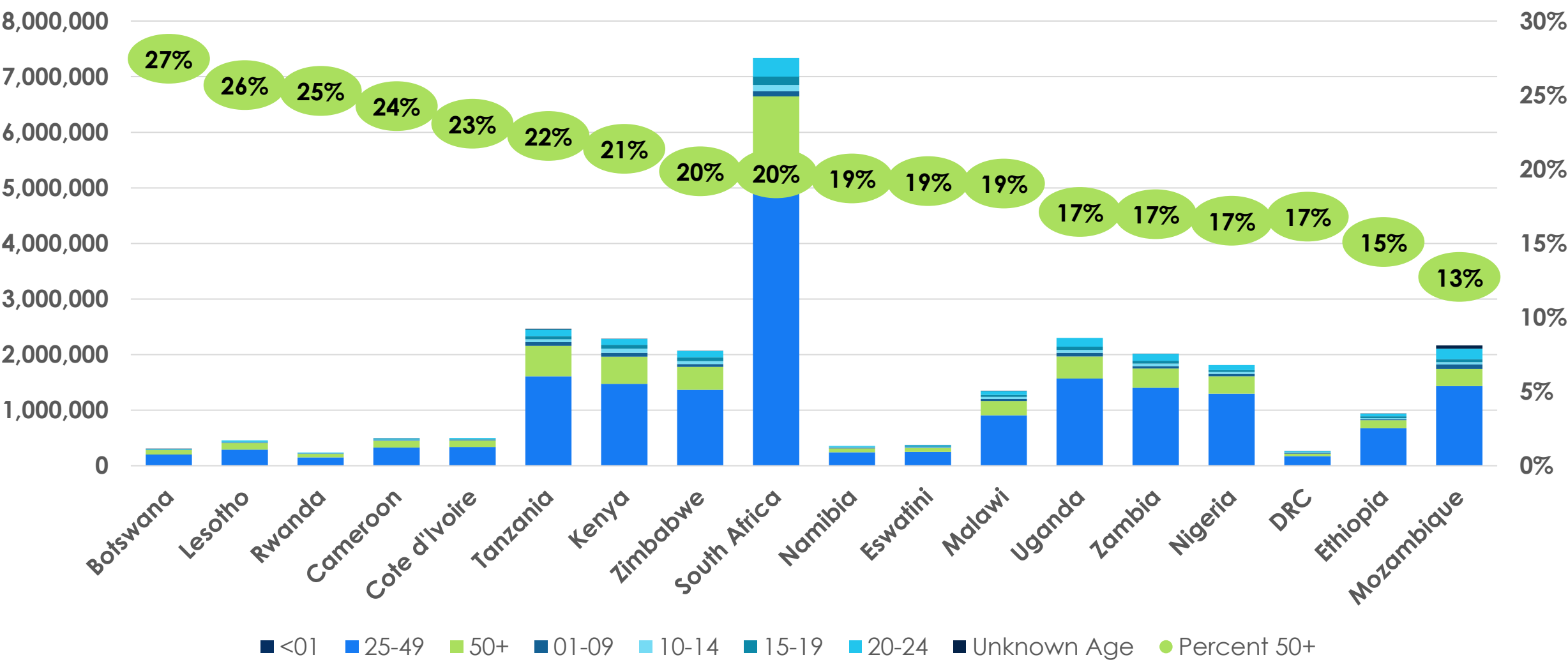
Katy Godfrey

Senior Technical Advisor for Adult Care and Treatment, Office of the Global AIDS Coordinator

6 October 2020

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Proportion of 50+ year old Patients on ART



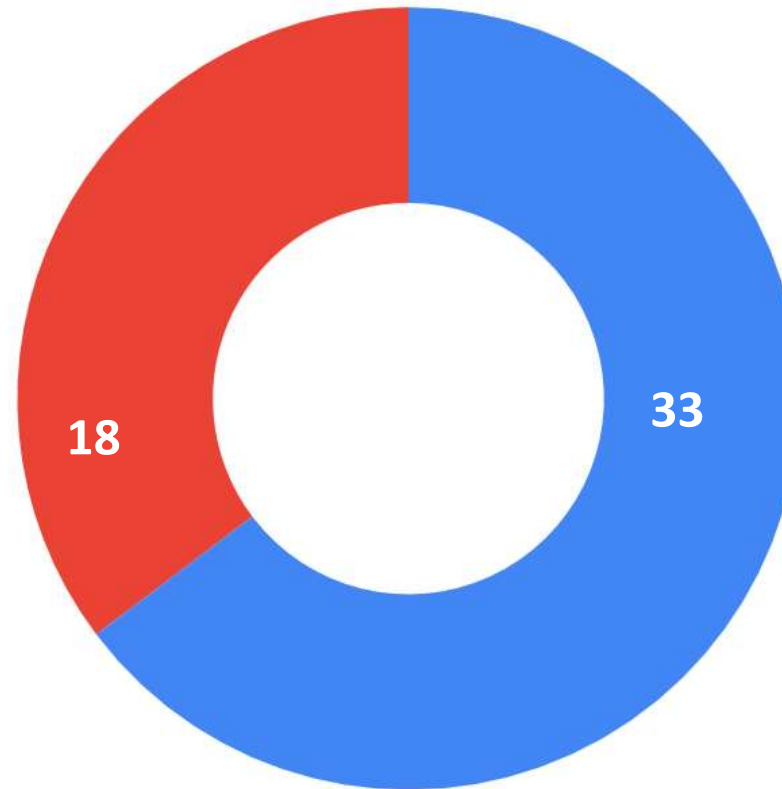
Population structure

Country	% gen pop older than 50
Botswana	13%
Rwanda	11%
Cameroon	9%
Haiti	14%
Cote d'Ivoire	10%
Tanzania	9%
Kenya	9%
Zimbabwe	9%
South Africa	17%
Namibia	11%
Eswatini	10%
Angola	8%
Malawi	8%
Uganda	7%
Zambia	7%
Nigeria	10%
Democratic Republic of the Congo	9%
Ethiopia	10%
Mozambique	9%

COVID-19 adaptations

1. Accelerated multimonth dispensing
2. Accelerated decentralized drug distribution
3. In many places people are being provided with medicines for other conditions.

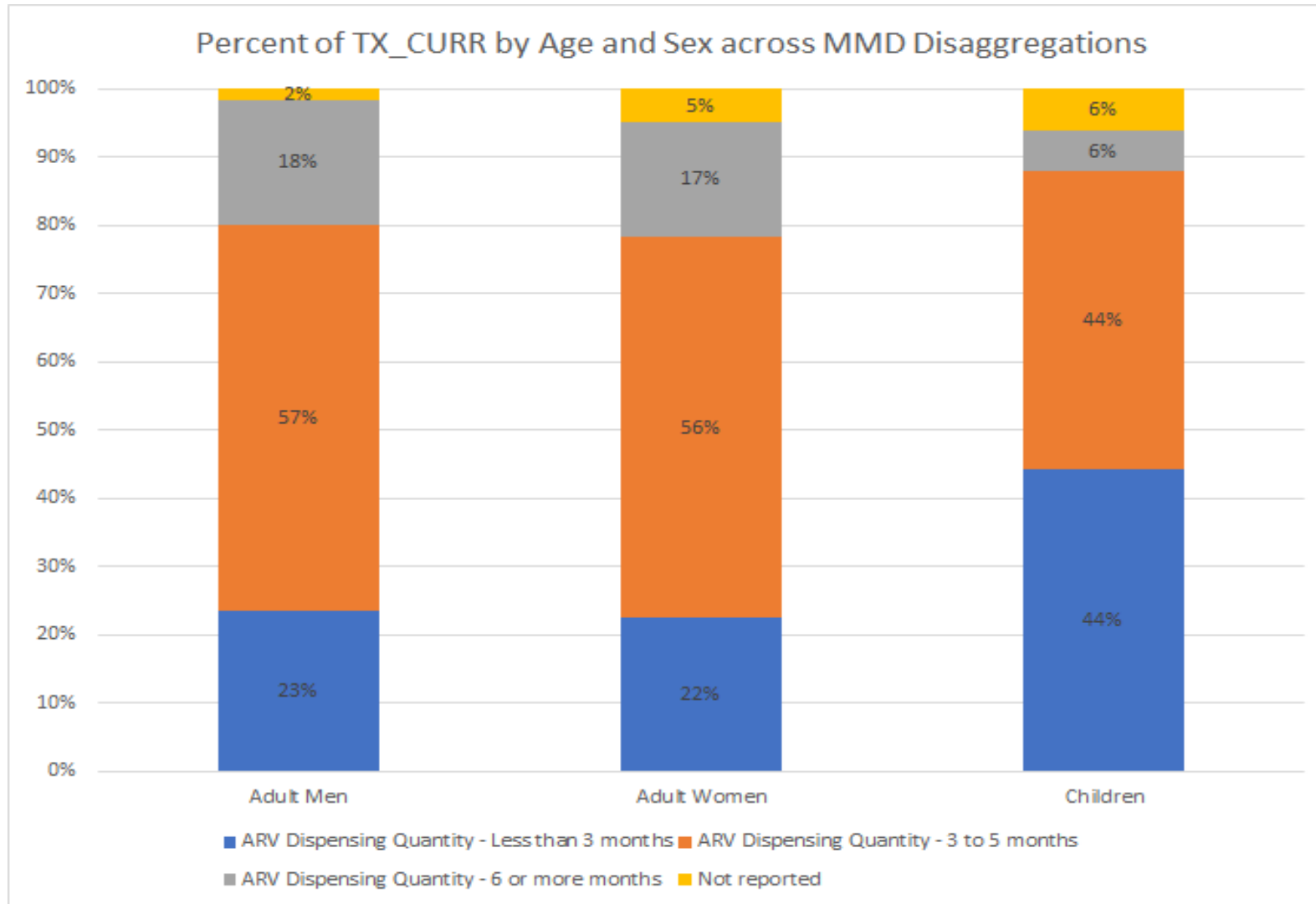
COVID-related Changes to MMD Policy among PEPFAR-supported Countries with Care & Treatment Program



PEPFAR has knowledge or record of 33 of 51 (~65%) PEPFAR-supported countries with C&T programs amending MMD policy or implementation to increase MMD coverage during the COVID-19 response.

- PEPFAR countries that changed MMD policies and/or implementation of MMD since 03/2020 due to COVID-19
- PEPFAR countries that we do not have record of changing MMD policy due to COVID as of 8/31/2020

Q3 Course Age and Sex Distribution on MMD



Risks for co-morbidities

1. Age
2. Female sex
3. Obesity
4. ? Immune activation and inflammation

Integrating for Impact: The Case for Use of DSD in Hypertension Programs

Jennifer Cohn MD MPH
Sr Vice President, Cardiovascular Health
Resolve to Save Lives



Programmatic Overlap: HIV and Hypertension Programs



- Potential for SAANE (simple, algorithmic, affordable, non-toxic, effective) guidelines for diagnosis and treatment



- Feasible task shifting and self- or community-care



- Decentralizable models of care



- Lifelong oral medications

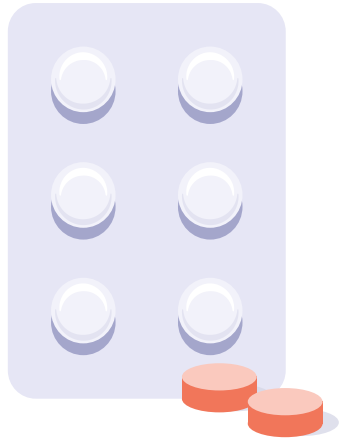


- Clear indicators for monitoring patient and program success

5 Crucial Components of Effective Hypertension Care



Protocol



Medication and
Blood Pressure
Monitor Supply



Team Based Care

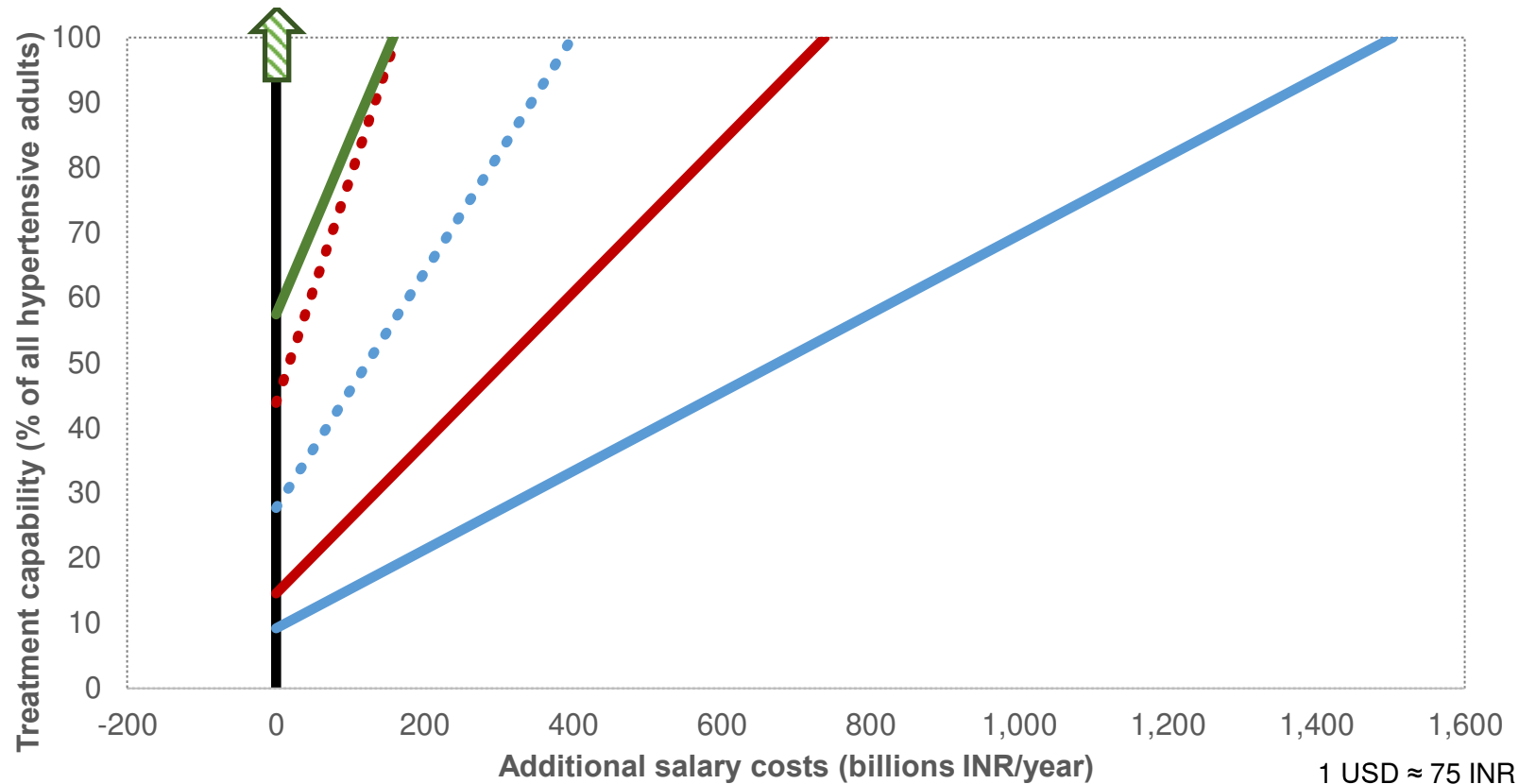


Patient-Centered
Care



Information
Systems

Model of Workforce Needed for National Hypertension Care in India



Marklund et al, AHA
Hypertension meeting
2020

— Monthly visits; Current practice
— Monthly visits; Allowed task sharing
— Monthly visits; Plausible task sharing

••• Quarterly visits; Current practice
••• Quarterly visits; Allowed task sharing
••• Quarterly visits; Plausible task sharing*

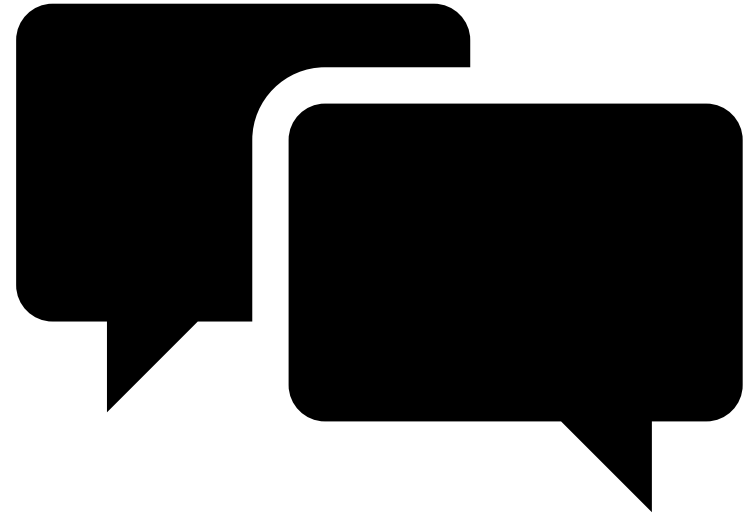
*Capability > 100% and thus not included in the graph



AN INITIATIVE OF  Vital
Strategies

RESOLVETOSAVELIVES.ORG | VITALSTRATEGIES.ORG

Q&A



Today's Agenda

Part 1: Introduction and Framing Remarks

- Miriam Rabkin, Director of Health Systems Strategies, ICAP at Columbia
- Catherine Godfrey, Senior Technical Advisor, OGAC/PEPFAR
- Jennifer Cohn, Senior Vice President, Cardiovascular Health, Resolve to Save Lives

Part 2: Panel Discussion

- Helen Bygrave, Technical Advisor, IAS/MSF
- Herve Kambale, Differentiated Service Delivery Technical Advisor, MOH Eswatini
- Martin Muddu, Treatment Advisor, Makerere University Joint AIDS Program, Uganda
- Maggie Munsamy Technical Specialist, Centralised Chronic Medicines Dispensing and Distribution model (CCMDD), National Department of Health, South Africa

Part 3: Reflections and Closing Remarks

- Stephen Ayisi Addo, Program Manager, National AIDS Control Program, Ghana
- Dr. Jennifer Cohn, Senior Vice President, Cardiovascular Health, Resolve to Save Lives

Panel Discussion: Moderators/Modérateurs



Helen Bygrave
Technical Advisor
IAS/MSF



Idrissa Songo
Executive Director
Network of HIV Positives in Sierra Leone

Panelists/ Panélistes



Martin Muddu
PI, LINKS Project
Makerere University Joint AIDS Program



Maggie Munsamy
Technical Specialist & Head of CCMDD
National Department of Health, South Africa



Herve Kambale
DSD Technical Advisor
Ministry of Health, Eswatini

Today's Agenda

Part 1: Introduction and Framing Remarks

- Miriam Rabkin, Director of Health Systems Strategies, ICAP at Columbia
- Catherine Godfrey, Senior Technical Advisor, OGAC/PEPFAR
- Jennifer Cohn, Senior Vice President, Cardiovascular Health, Resolve to Save Lives

Part 2: Panel Discussion

- Helen Bygrave, Technical Advisor, IAS/MSF
- Herve Kambale, Differentiated Service Delivery Technical Advisor, MOH Eswatini
- Martin Muddu, Treatment Advisor, Makerere University Joint AIDS Program, Uganda
- Maggie Munsamy Technical Specialist, Centralised Chronic Medicines Dispensing and Distribution model (CCMDD), National Department of Health, South Africa

Part 3: Reflections and Closing Remarks

- Stephen Ayisi Addo, Program Manager, National AIDS Control Program, Ghana
- Dr. Jennifer Cohn, Senior Vice President, Cardiovascular Health, Resolve to Save Lives

Reflections and Closing Remarks



Stephen Aysisi Addo
Programme Manager
NACP, Ghana



Jennifer Cohn
Senior Vice President, Cardiovascular Health
Resolve to Save Lives

The 3rd cycle of LINKS one-time grants is now open!

10 SEP 2020

We are now accepting one-time grant applications under two request for proposals mechanisms: **1)** regular LINKS applications and **2)** cardiovascular health (CVH) and COVID-19 rapid response applications.

The deadline to submit a regular application is **November 15, 2020**; The deadline to submit a CVH +COVID-19 rapid response application is **December 31, 2020**.

[Register to become a LINKS member](#) or log into the member portal for additional information and to gain access to the application documents.

Next Steps and Useful Links

Slides and recordings from today's session will be posted on the CQUIN website: <https://cquin.icap.columbia.edu/>

Next CQUIN webinar: DSD for Key Populations
October 20

8am EST/12am Abidjan/2pm Pretoria/3pm Nairobi