



Can Our Antiretroviral Therapy Supply Chain Support Truly Person-Centered DSD?

A webinar co-hosted by CQUIN and the IAS- International AIDS Society

Tuesday, 4 May 2021

- Please type your name, organization and email address in the chat box
- Veuillez saisir votre nom, votre organisation et votre adresse électronique dans la boîte de discussion

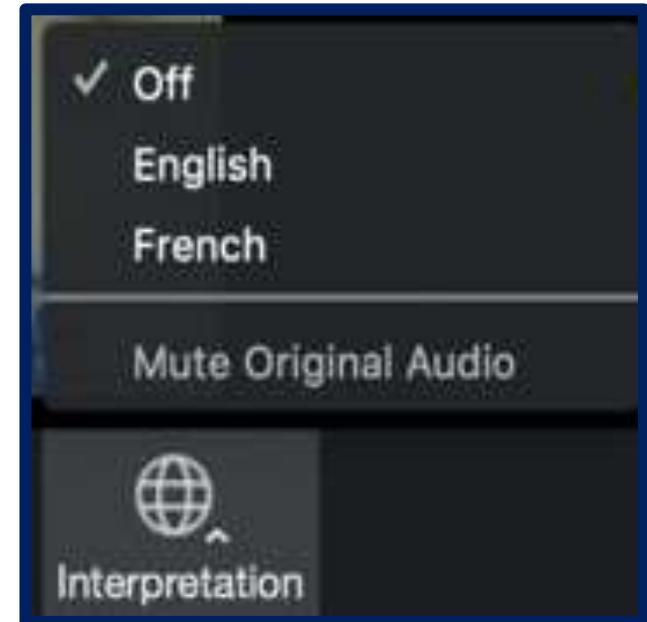


HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

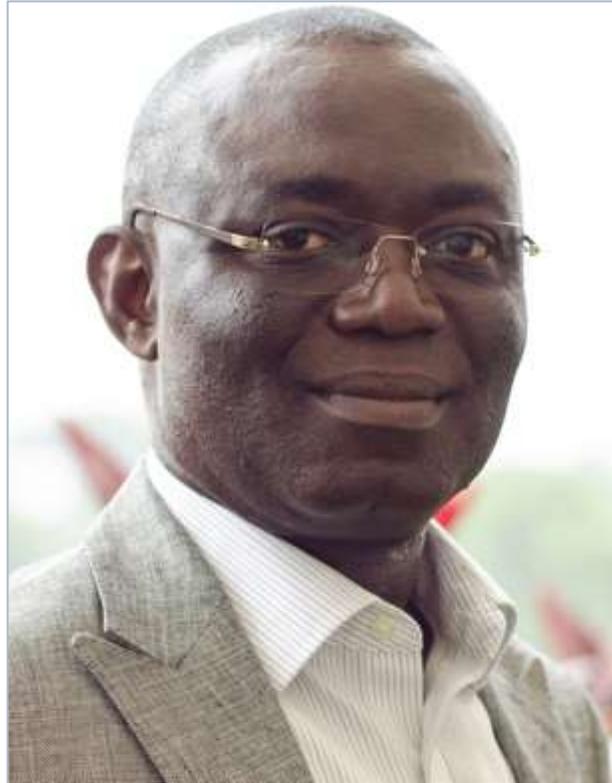


Welcome/Bienvenue

- 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.



Welcome



Peter Preko
Project Director, CQUIN
ICAP at Columbia University



Anna Grimsrud
Lead Technical Advisor
International AIDS Society



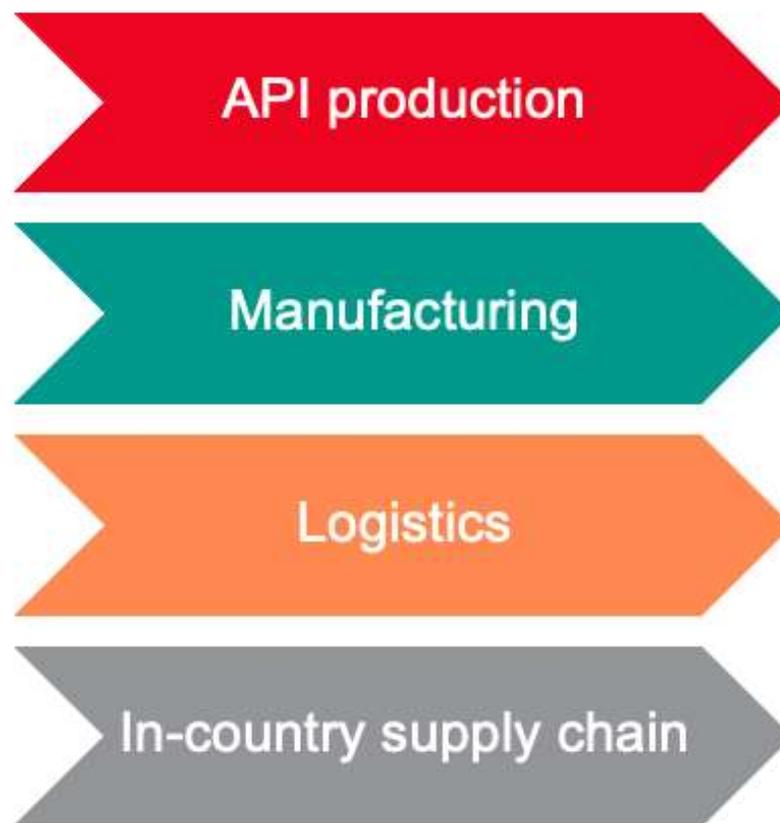
International AIDS Society

iasociety.org

Can our antiretroviral therapy supply chain support truly person-centered DSD?

Opening framing

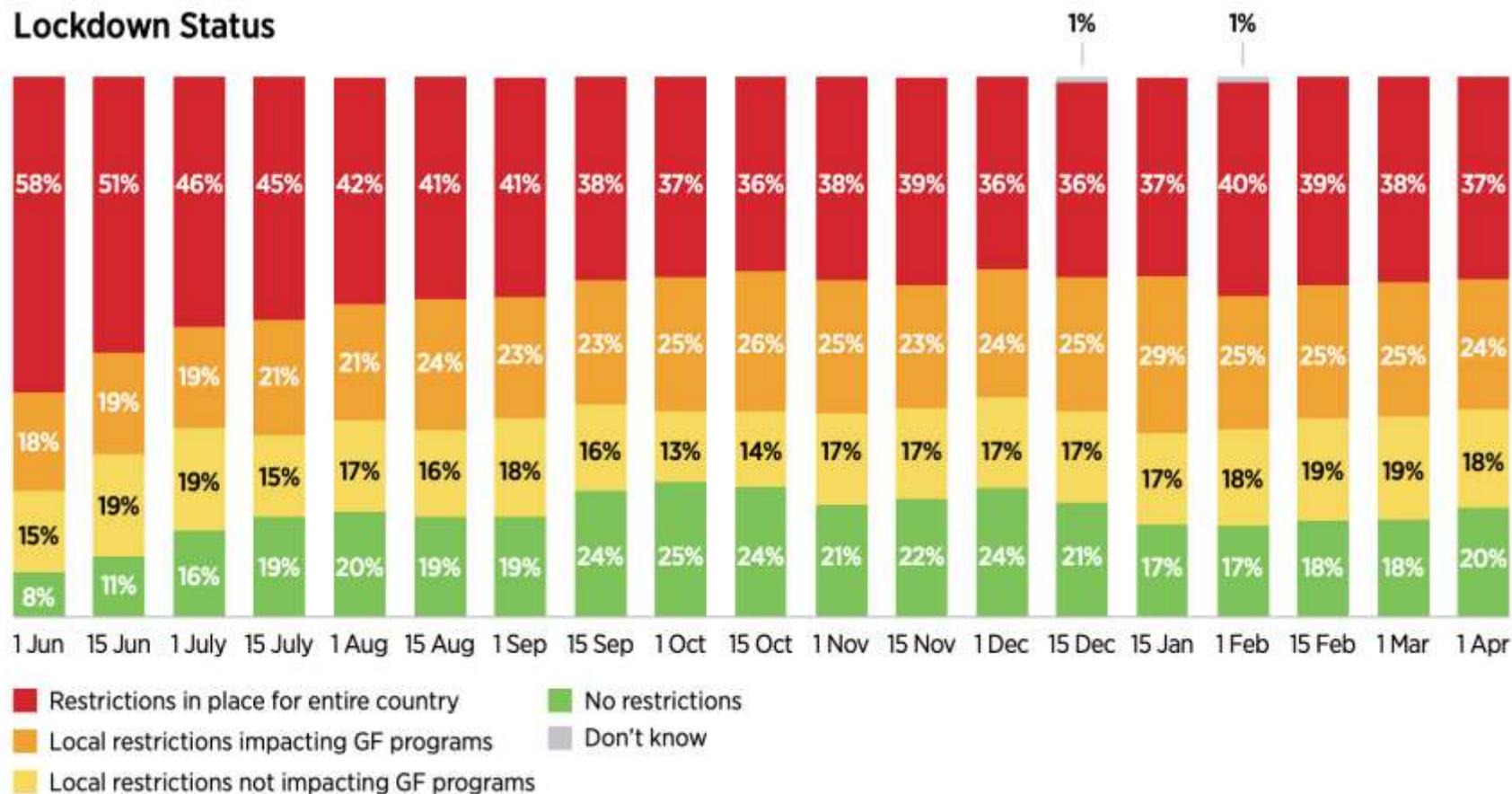
In 2020, we talked about the different levels of supply chain challenges in response to COVID-19



- Critical to look *across* the supply chain
- Need to also understand pre-COVID-19 challenges
- Further, need to understand what COVID-19 is exacerbating in terms of supply chain
- And finally, what is because of/caused by COVID-19

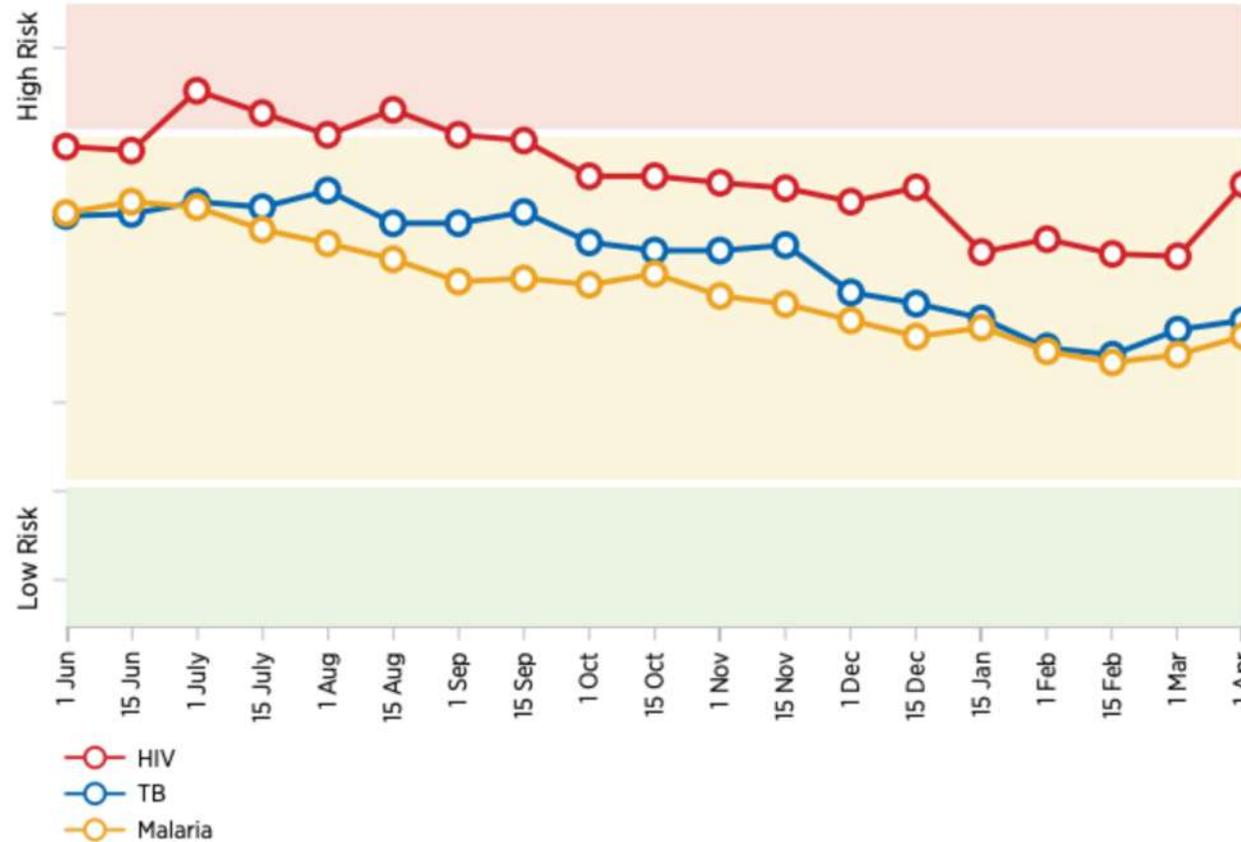
Lockdown restrictions have changed...

Lockdown Status

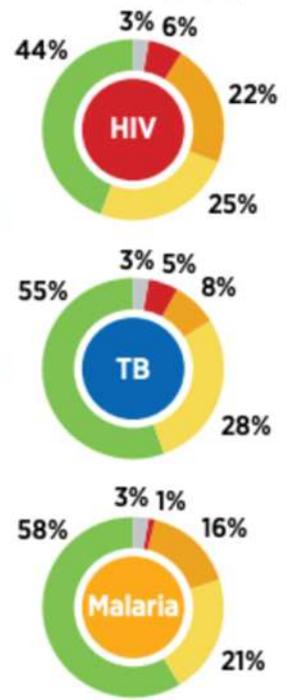


Lockdown restrictions have changed, and service delivery disruptions have been reduced but persist

Availability of national stock
Average Score of Countries



Latest Answer Distribution (1 Apr)



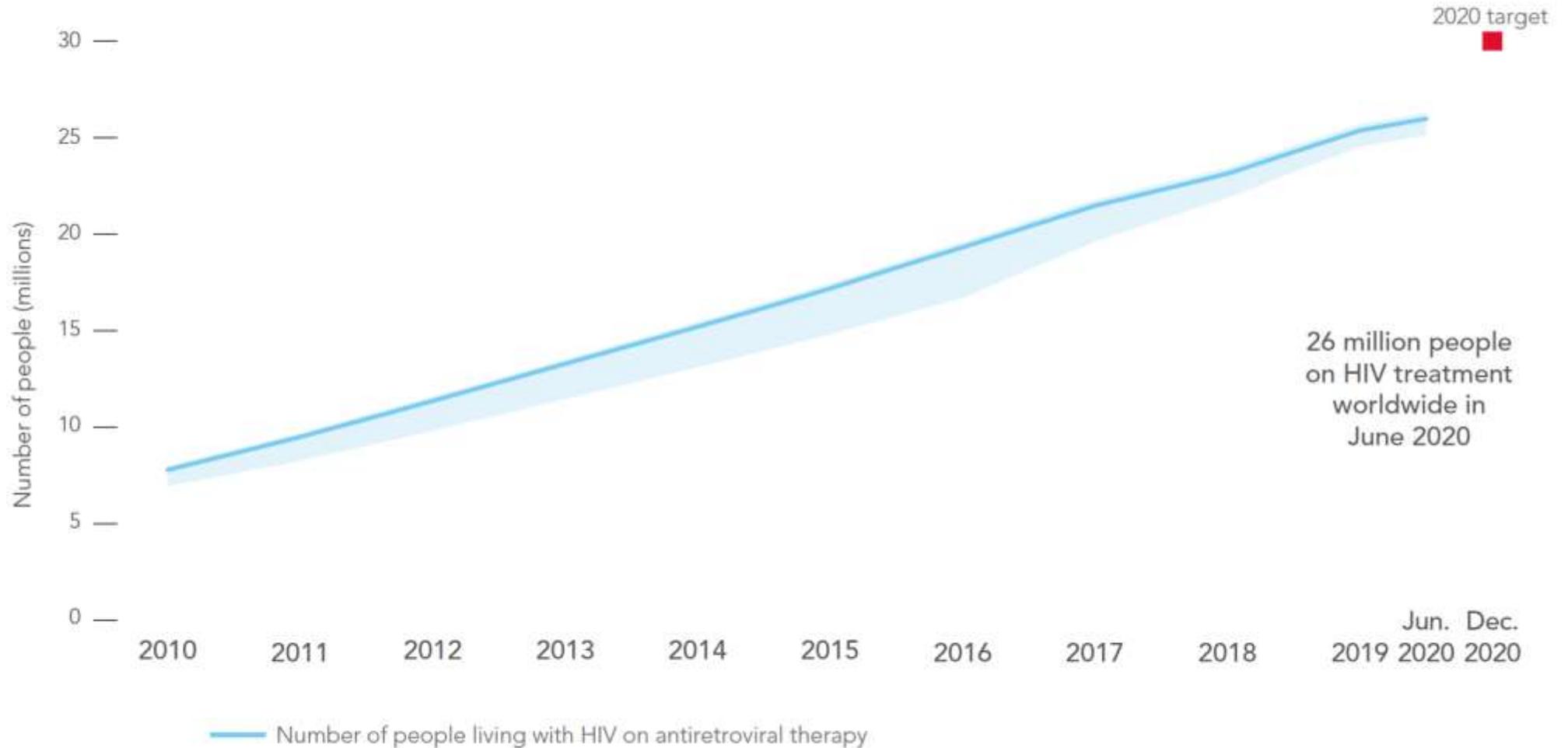
- Currently experiencing shortages
- 0-3 month supply
- 3-6 month supply
- 6+ month supply
- Don't know

“The COVID-19 pandemic is having far-reaching effects on health systems and other public services. In many countries, HIV services have been disrupted, and supply chains for key commodities have been stretched. Around the world fewer people are being diagnosed with HIV and fewer people living with HIV are starting HIV treatment.”

- Winnie Byanyima, Executive Director, UNAIDS



Number of people living with HIV accessing antiretroviral therapy, global, 2010–June 2020 and end-2020 target



Source: UNAIDS 2020 estimates; UNAIDS Global AIDS Monitoring, 2020 (<https://aidsinfo.unaids.org/>); UNAIDS/WHO/UNICEF HIV services tracking tool, November 2020.

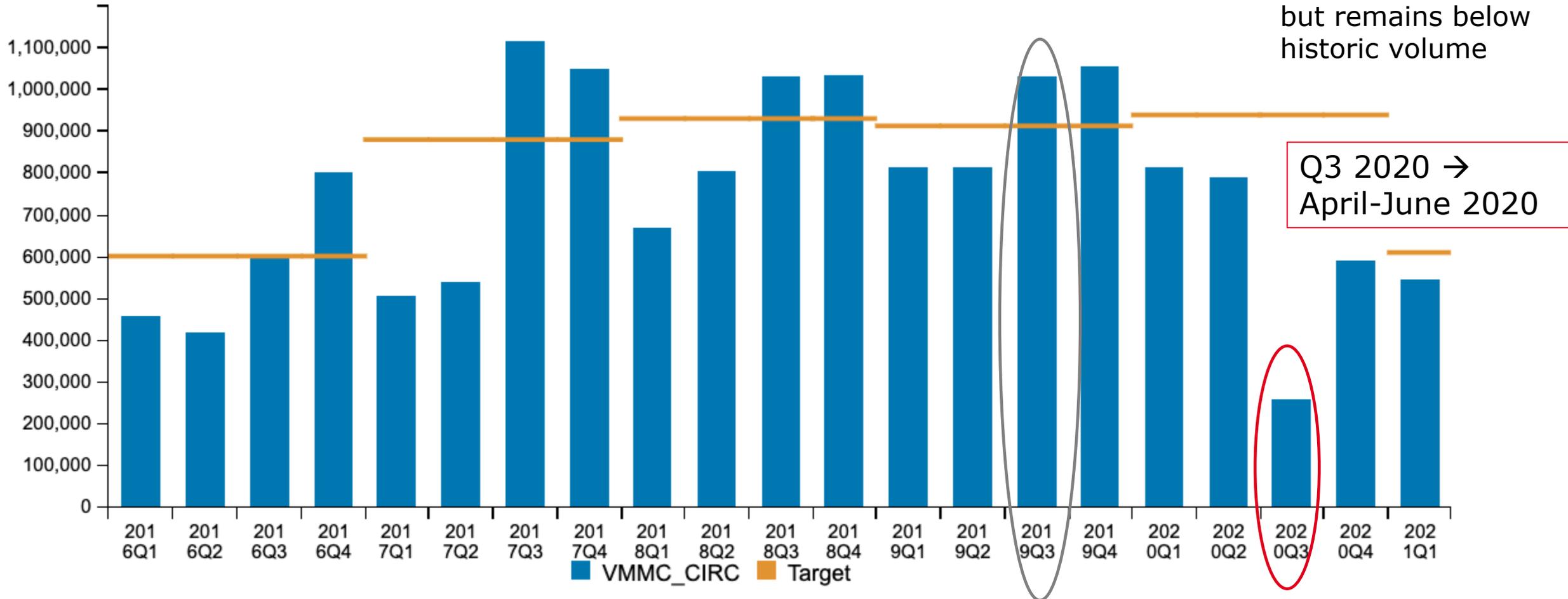
»Impact of COVID-19 on PEPFAR programs

Data from 2016-2020
<https://mer.amfar.org/>



Total # of voluntary medical male circumcisions (VMMC_CIRC)

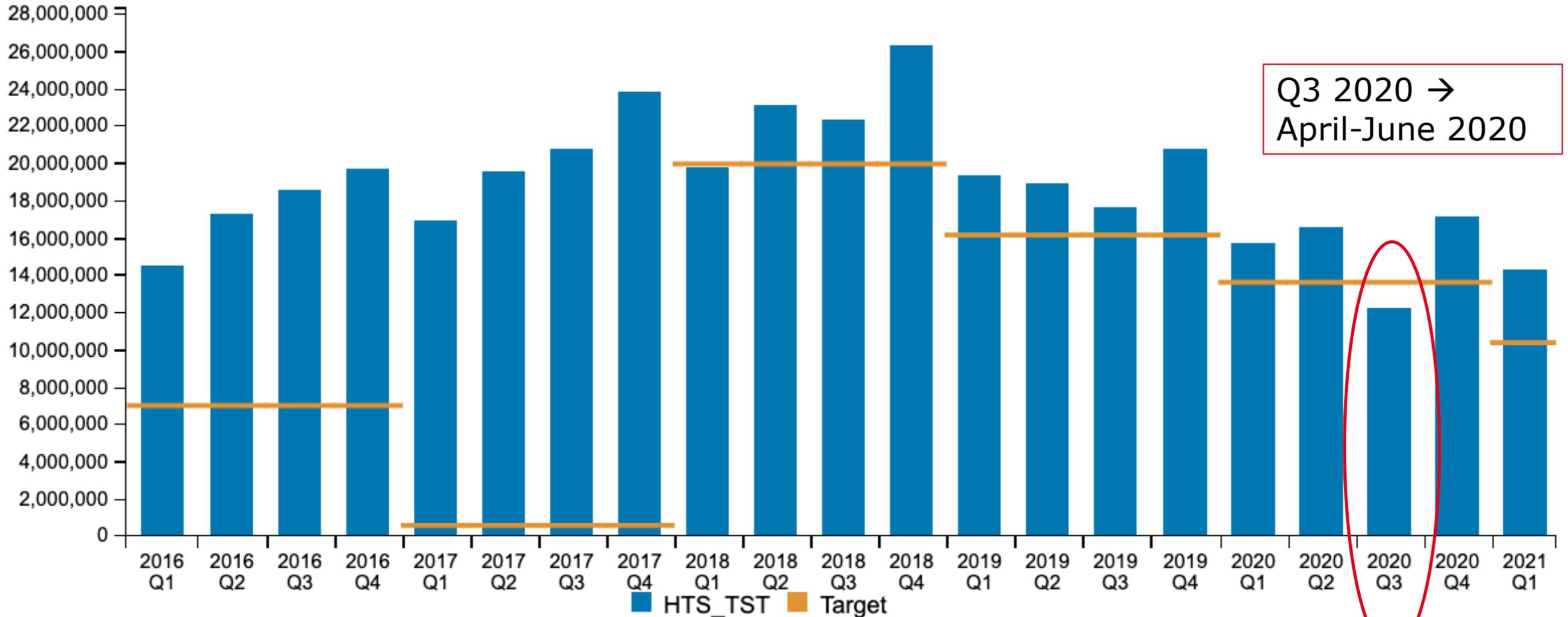
- 74% reduction in VMMC between Q3 2020 vs. Q3 2019
- Increased performance in the next two quarters but remains below historic volume





Total # of HIV tests (HTS_TST)

- Also, a reduction in testing
- But quicker recovery to “pre COVID” levels

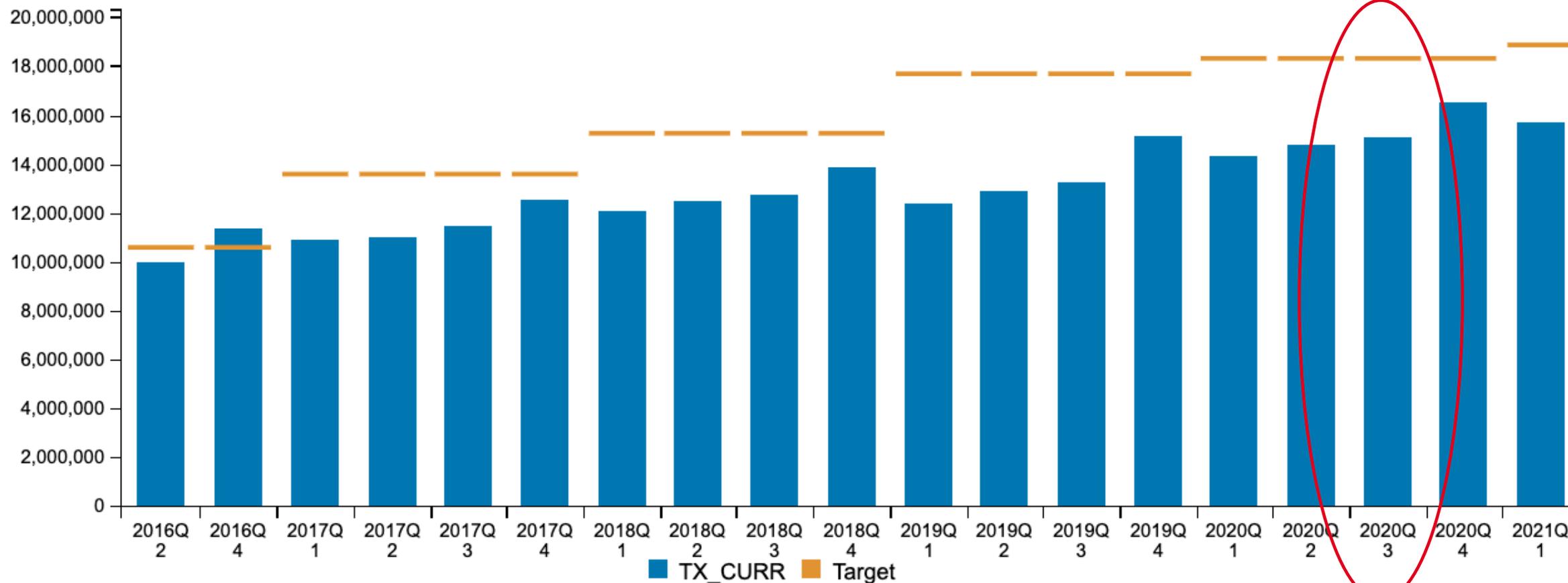




- Did not decrease the total # on ART

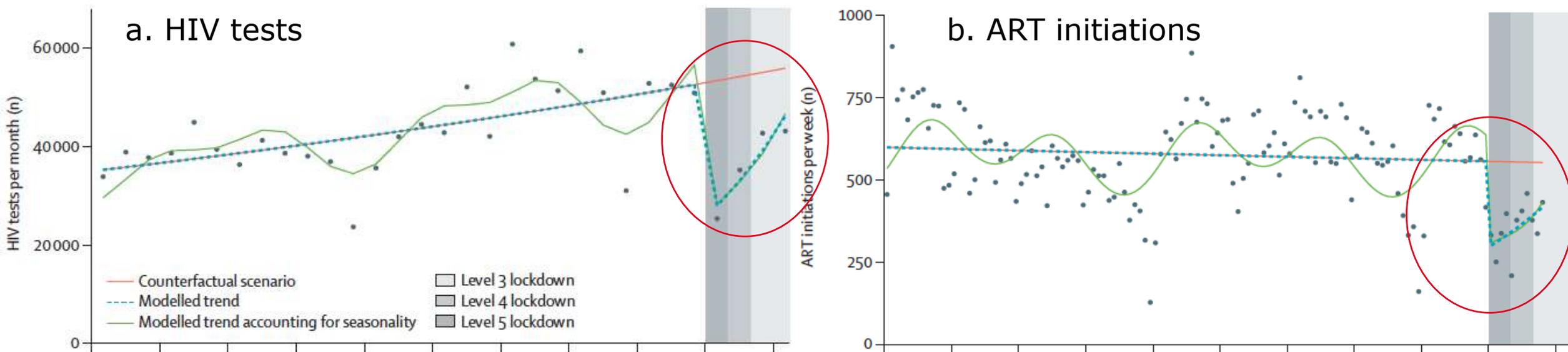
Total # on ART (TX_CURR)

Q3 2020 →
April-June 2020





Poisson segmented regression analyses of HIV test and ART initiation before and after the COVID-19 lockdown in 65 clinics



In the Poisson regression model, taking into account long-term trends:

- Lockdown was associated with an estimated 47.6% decrease in HIV testing in April 2020
- ART initiations decreased from a median of 571 per week before lockdown to 375 per week after lockdown
- There was no marked change in the number of ART collection visits

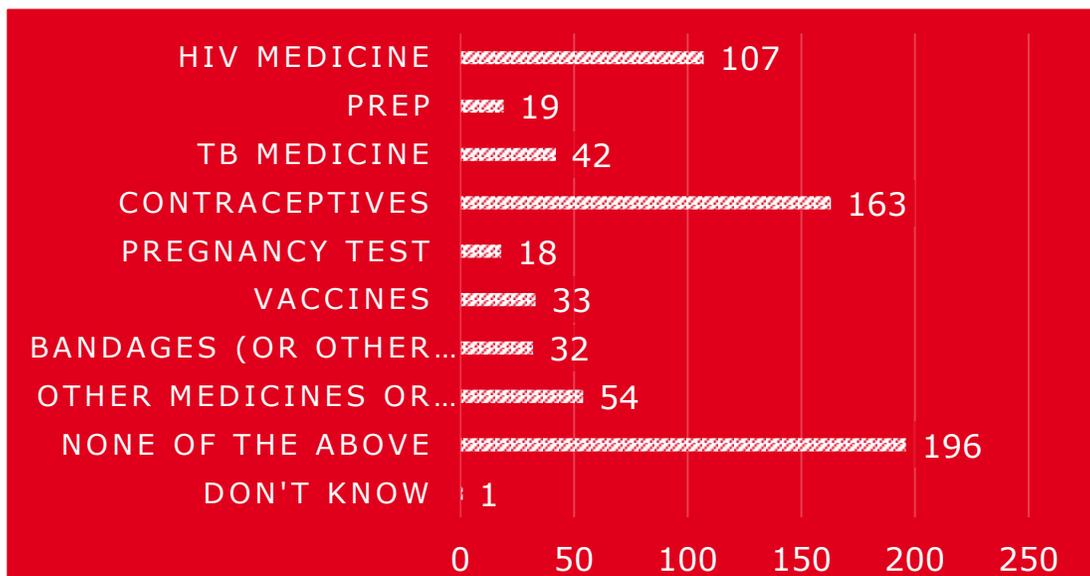


Stockouts and shortages

Data from Ritshidze – community led monitoring in South Africa

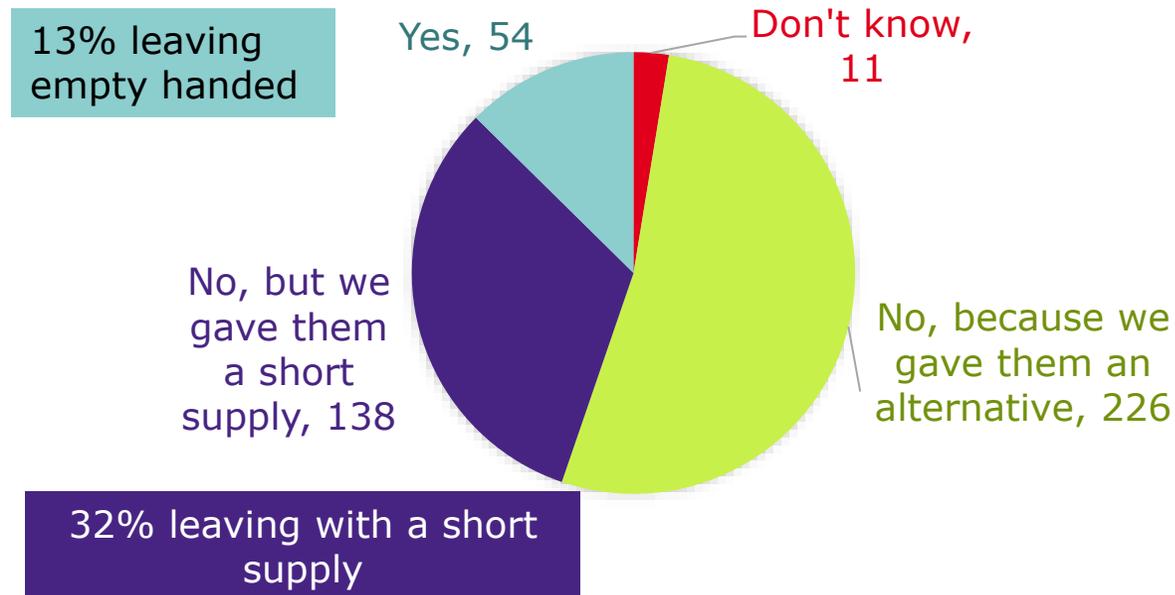


Facility staff reports of medicine shortage(s)



16% of staff report a shortage of ARVs

In the past 2 months, did any patient leave your facility without the medicine they needed due to a stock out or shortage?



Despite some evidence of service restoration, over one year into the COVID-19 pandemic, substantial **disruptions** to essential health services **persist** across the globe.

Disruptions to essential health services are still geographically widespread across the globe



94% of responding countries (n= 135) experienced a disruption to some extent



9% of countries reported disruptions in 75-100% of services

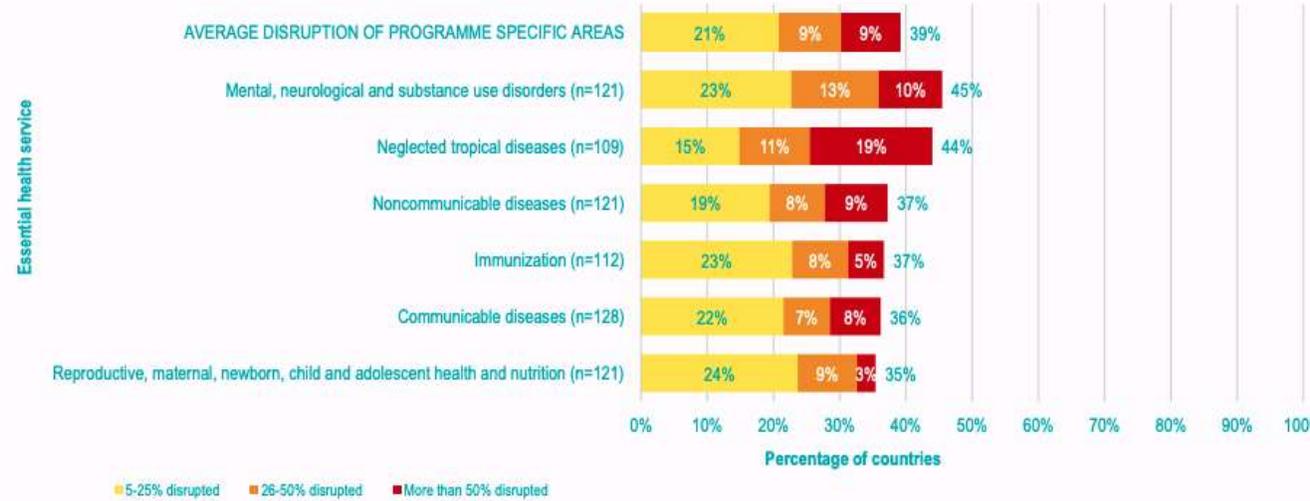
25% of countries reported disruptions in 50-74% of services

29% of countries reported disruptions in 25-49% of services

32% of countries reported disruptions in less than 25% of services

Only 6% of countries reported no disruptions

Percentage of countries reporting disruptions across tracer service areas

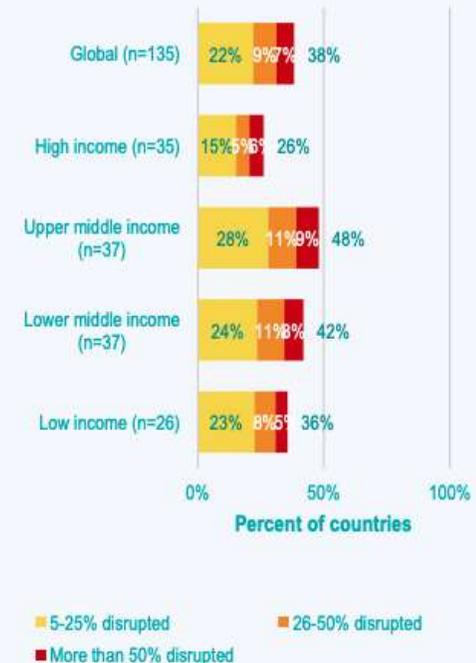


Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021

Interim report
22 April 2021

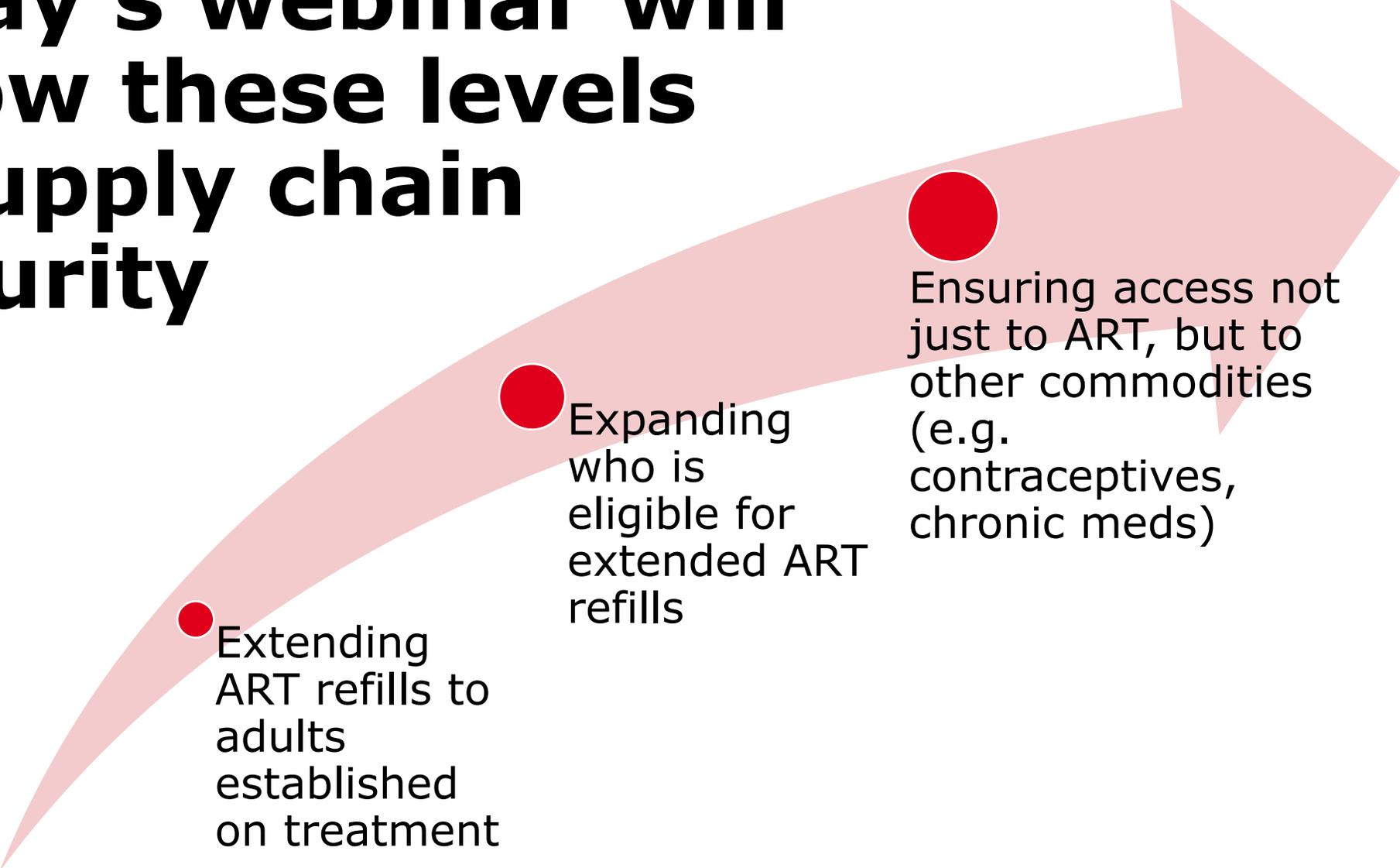
<https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>

Percentage of countries reporting disruptions across tracer service areas by income group



Denominator: represents responses from countries/territories that responded to at least one survey section and consented to data sharing agreement. Percentage of countries reporting disruptions may not add up to exactly 100% due to rounding. Services include: primary care, emergency and critical care, surgical care, rehabilitation, palliative care, long-term care, auxiliary services, and tracer services for reproductive, maternal, newborn, child and adolescent health and nutrition, immunization, communicable diseases, noncommunicable diseases, neglected tropical diseases, and mental, neurological and substance use disorders

Today's webinar will follow these levels of supply chain maturity



Extending ART refills to adults established on treatment

Expanding who is eligible for extended ART refills

Ensuring access not just to ART, but to other commodities (e.g. contraceptives, chronic meds)

IAS Agenda

Beyond just ART: Can the HIV supply chain be leveraged towards a more person-centred supply chain? (Panel discussion)

Hudson Balidawa
MOH, Uganda



Justine Jelagat Odionyi
EGPAF, Kenya



Lawrence Khonyongwa
MANET+, Malawi

Ensuring access not just to ART, but to other commodities (e.g. contraceptives, chronic meds)



Helen Bygrave,
IAS, UK

Expanding who is eligible for extended ART refills

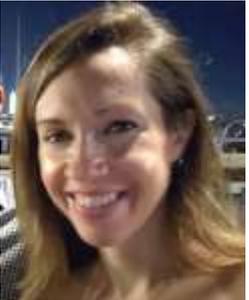
Expanding 6MMD in Ethiopia



Mirtie Getachew
FMOH, Ethiopia

Extending ART refills to adults established on treatment

How COVID-19 in 2020 accelerated MMD across CQUIN countries



Lauren Bailey & Ashley Greve,
USAID, USA

Presenters



Lauren Bailey
Multi-Month Dispensing Advisor
USAID Office of HIV/AIDS, Washington DC



Ashley Greve
Supply Chain Advisor
USAID Office of HIV/AIDS, Washington DC



Mirtie Getachew
HIV Team Lead
FMOH, Ethiopia



PEPFAR

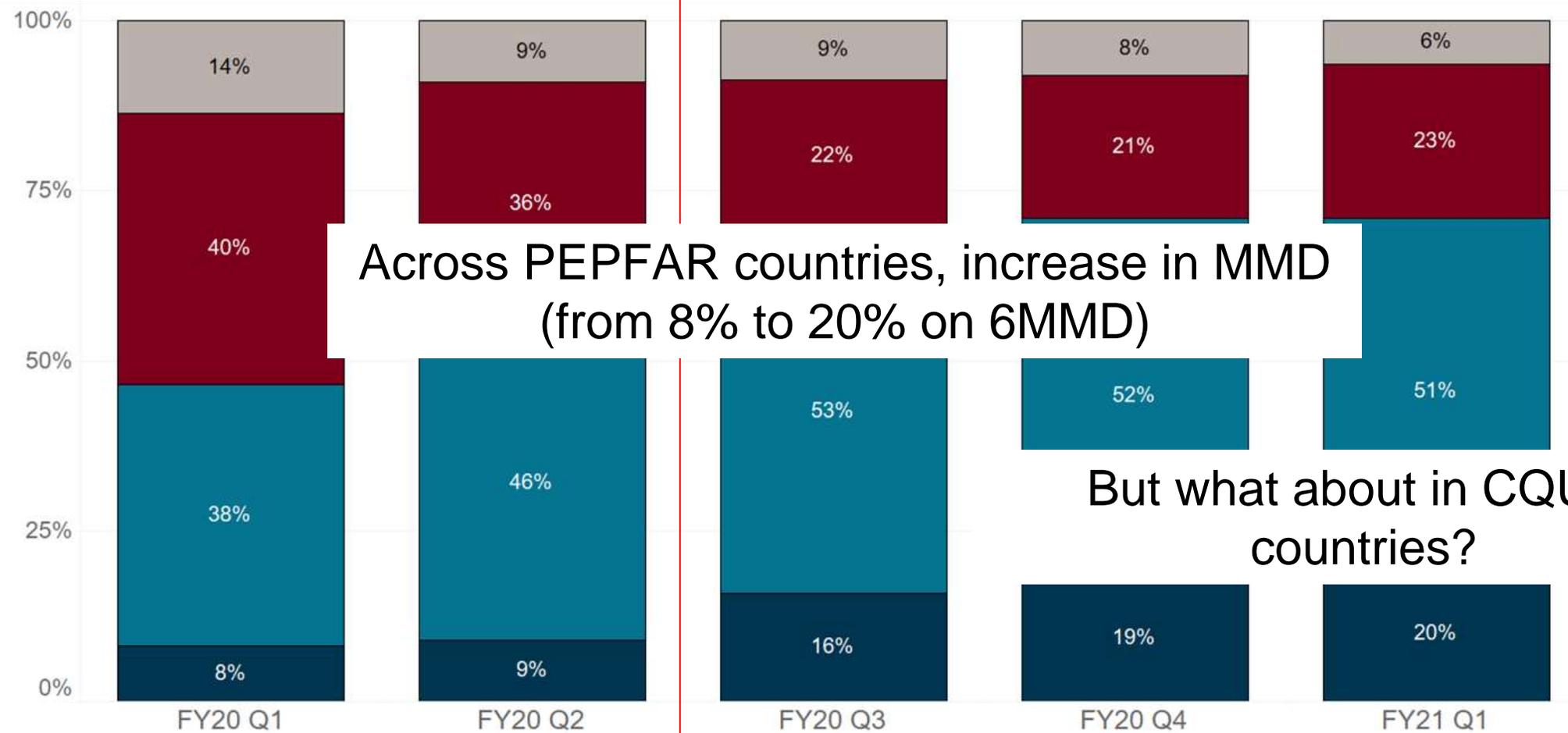


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How COVID-19 in 2020 accelerated MMD across CQUIN countries

Lauren Bailey, ScM
MMD Advisor, USAID Office of HIV/AIDS
4 May 2021

Quarterly PEPFAR MMD Coverage (FY20 Q1 – FY21 Q1)



Across PEPFAR countries, increase in MMD (from 8% to 20% on 6MMD)

But what about in CQUIN countries?

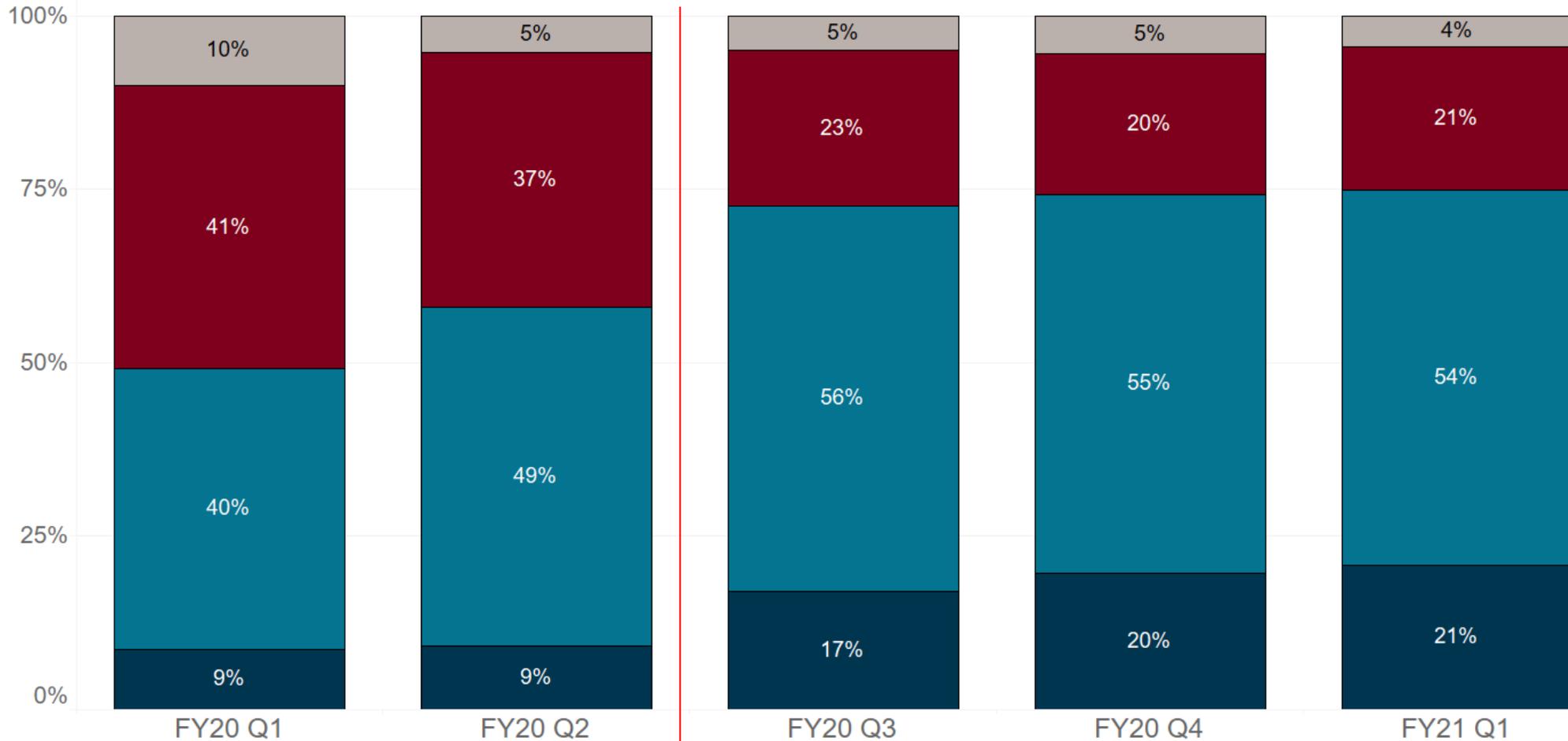
- Not Reported
- <3 Months (non-MMD)
- 3-5 Month MMD
- 6+ Month MMD

Pre-COVID Response

Ongoing COVID Response

MMD coverage & absolute numbers in CQUIN Network

Data available for 18 of 21 CQUIN countries (excludes Mauritania, Sierra Leone, & South Africa)



6MMD coverage increased from **9%** in FY20Q1 to **21%** in FY21Q1, with the largest gains made between Q2-Q3.

The absolute # of clients on MMD increased from **4,866,782** in FY20Q1 to **8,374,692** in FY21Q1; and 6MMD increased from **858,062** to **2,333,200** during the same period.

- Not Reported
- <3 Months (non-MMD)
- 3-5 Month MMD
- 6+ Month MMD

Pre-COVID response

Ongoing COVID response

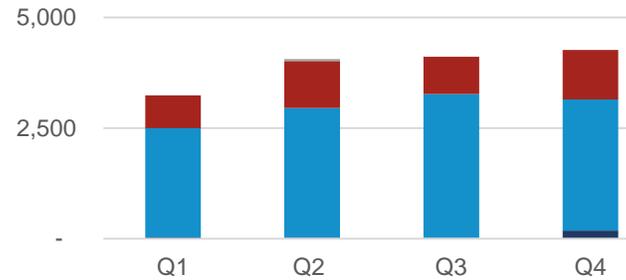
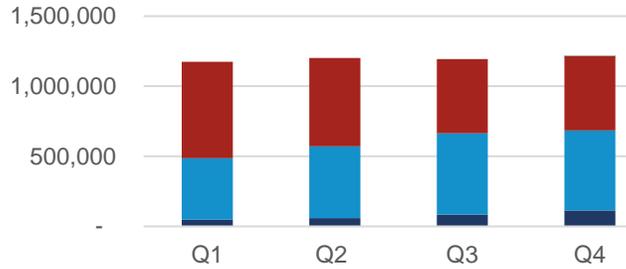
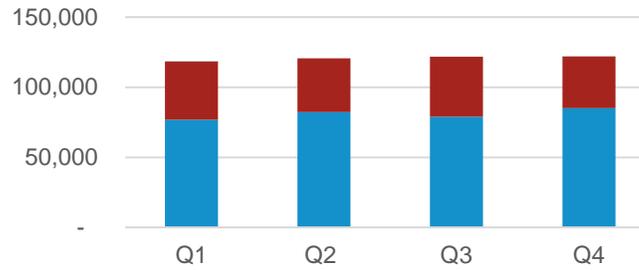
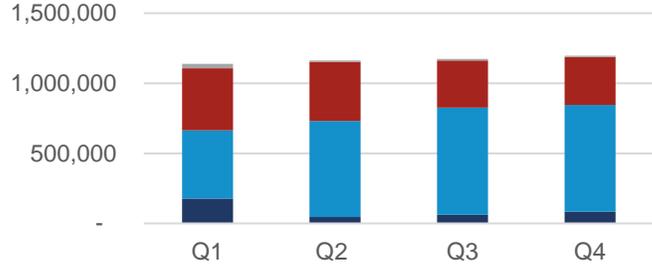
For 18 CQUIN countries...

- Change in MMD by country between October 2019 and September 2020
- First on a relative scale
- Second, on an absolute scale
- Classified as minimal/moderate/rapid change to 3MMD and moderate/rapid change to 6MMD

Relative scale

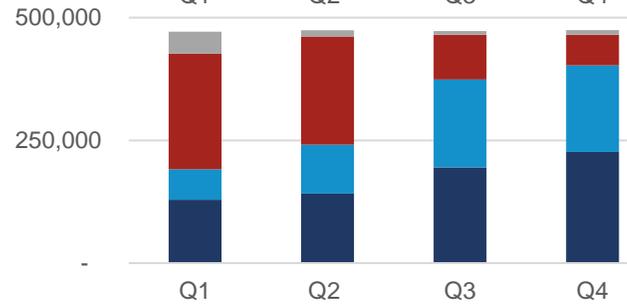
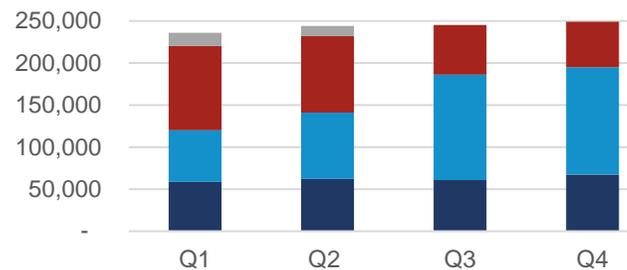
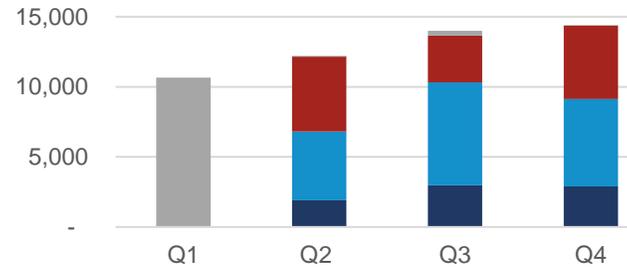
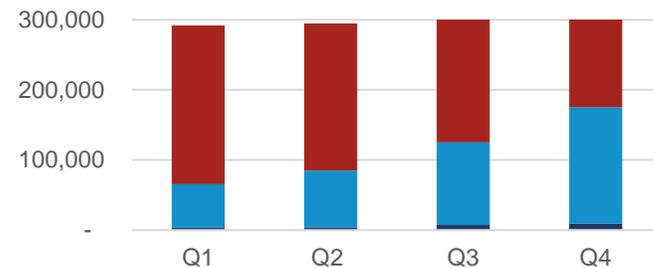
- y-axis changes depending on the size of the treatment cohort

Minimal change to number of clients on 3+MMD



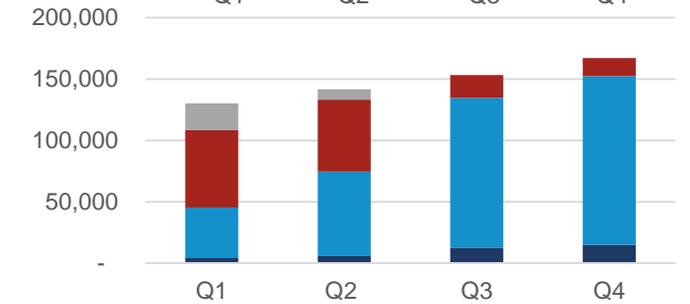
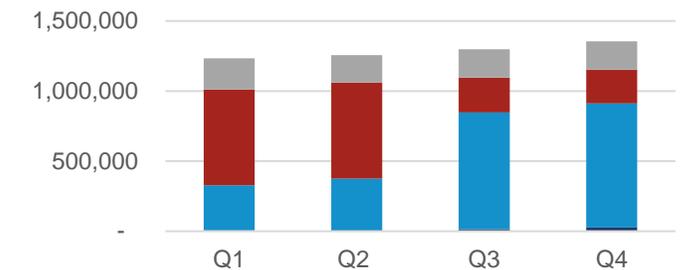
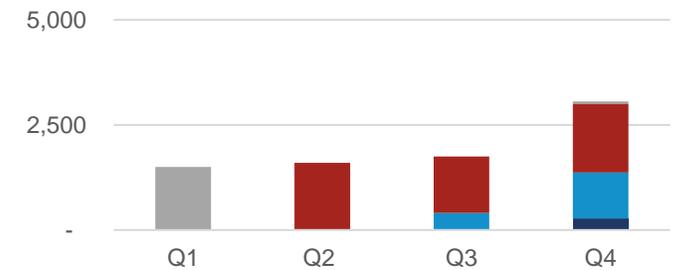
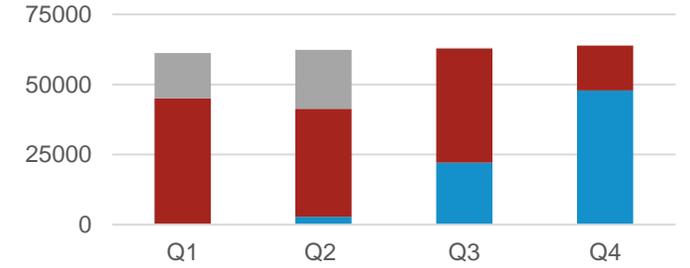
■ 6 or more months
 ■ 3 - 5 months
 ■ < 3 months
 ■ Not Reported

Moderate change to number of clients on 3+MMD



■ 6 or more months
 ■ 3 - 5 months
 ■ < 3 months
 ■ Not Reported

Rapid change to number of clients on 3+MMD



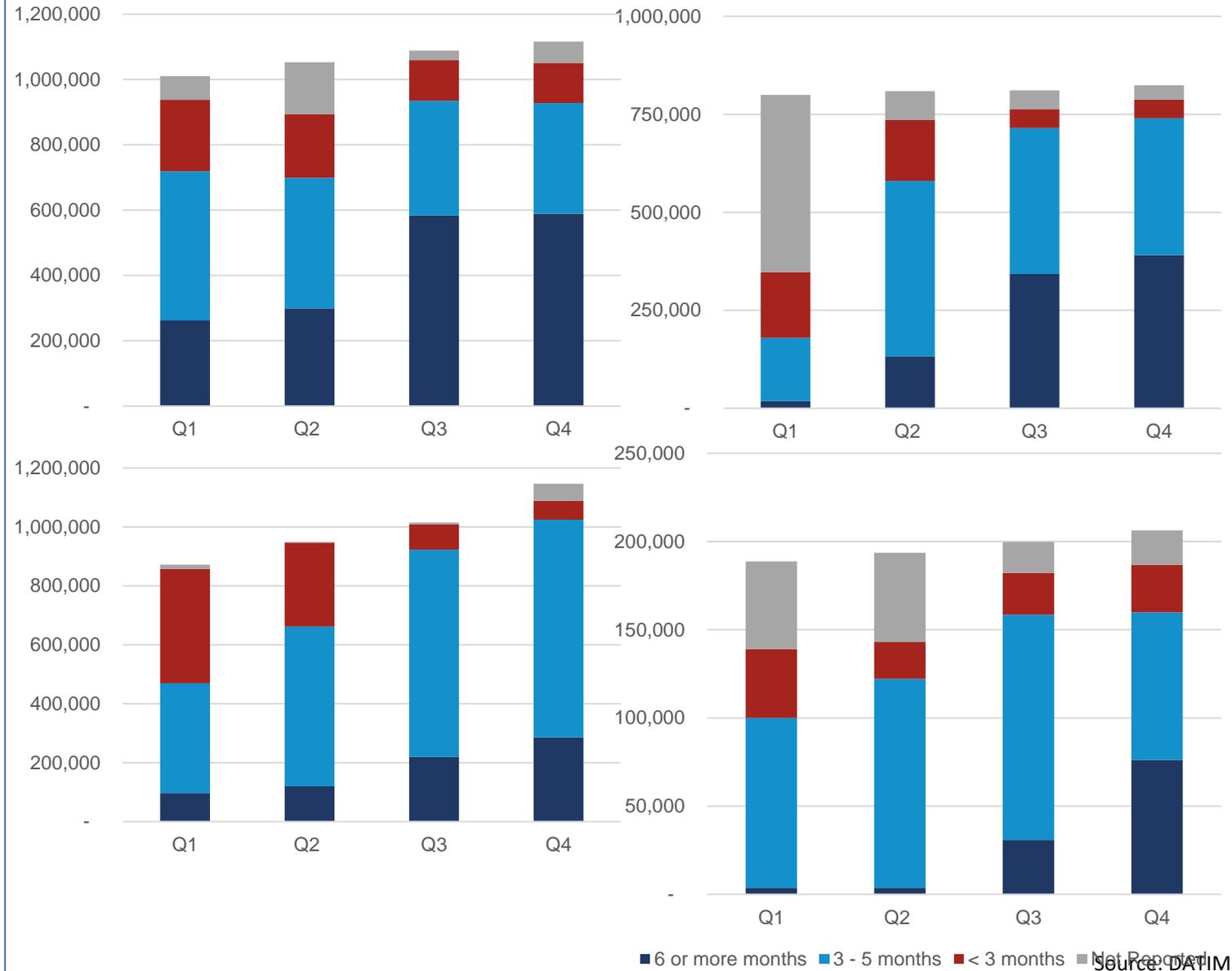
■ 6 or more months
 ■ 3 - 5 months
 ■ < 3 months
 ■ Not Reported

Moderate change to number of clients on 6MMD



These countries had a low proportion of clients on 6MMD in Q2 and more than doubled it in Q3

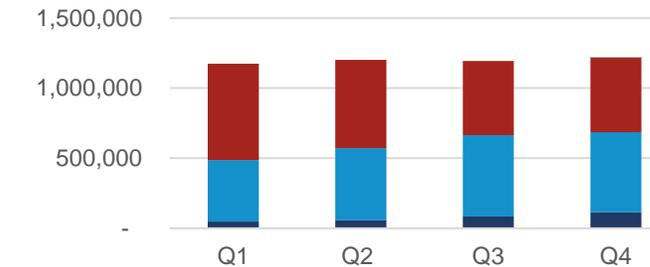
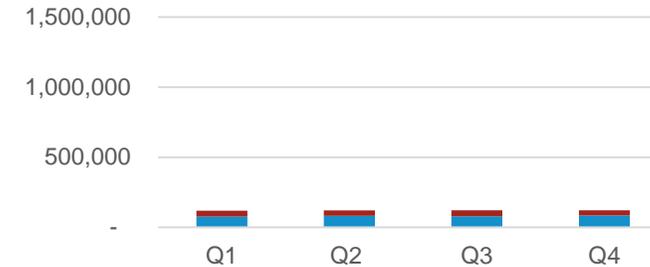
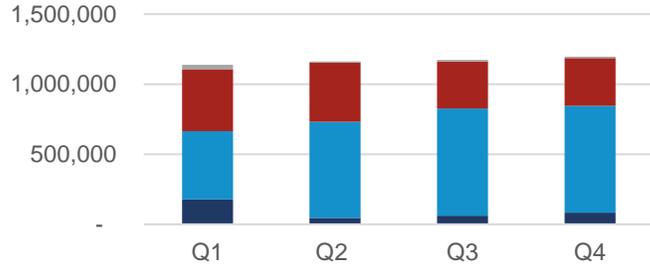
Rapid change to number of clients on 6MMD



Absolute scale

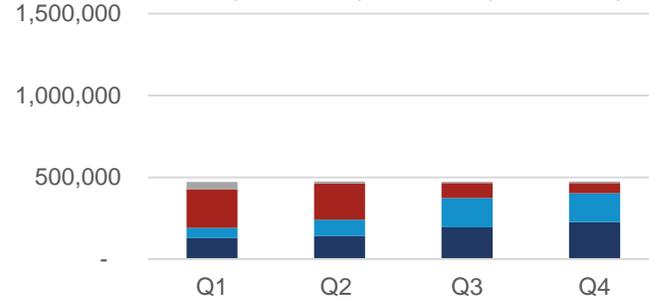
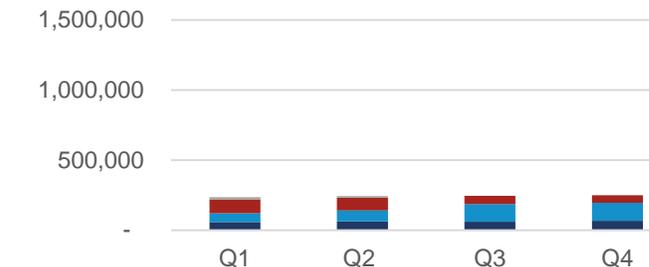
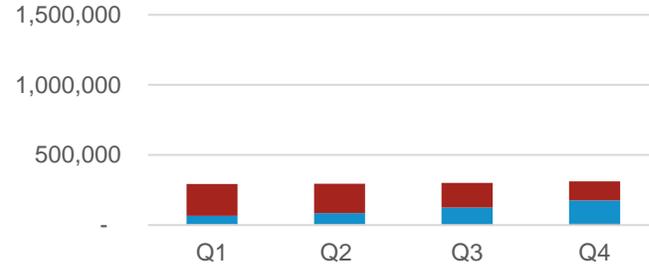
- y-axis DOES NOT CHANGE depending on the size of the treatment cohort

Minimal change to number of clients on 3+MMD



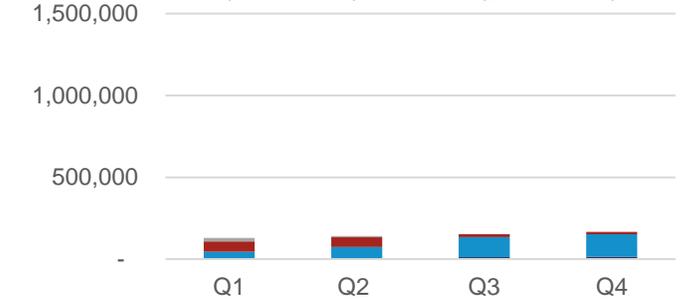
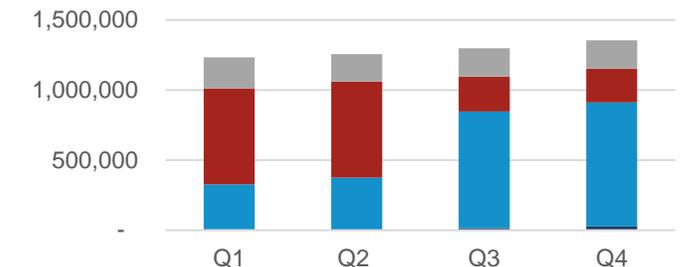
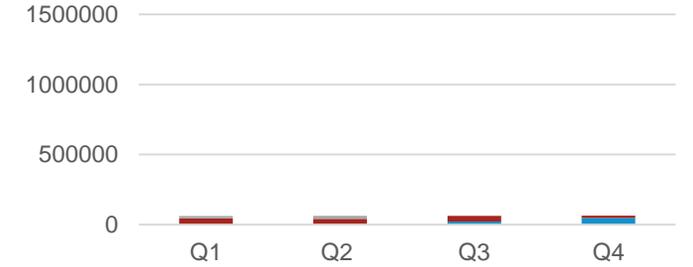
■ 6 or more months
 ■ 3 - 5 months
■ < 3 months
 ■ Not Reported

Moderate change to number of clients on 3+MMD



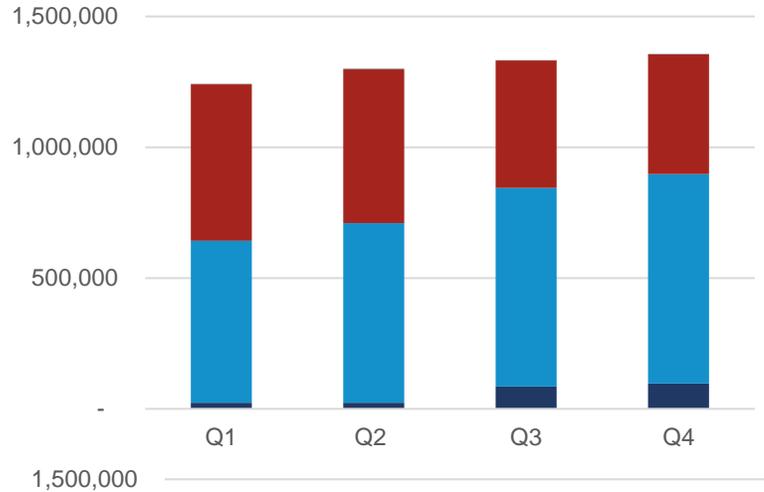
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Rapid change to number of clients on 3+MMD

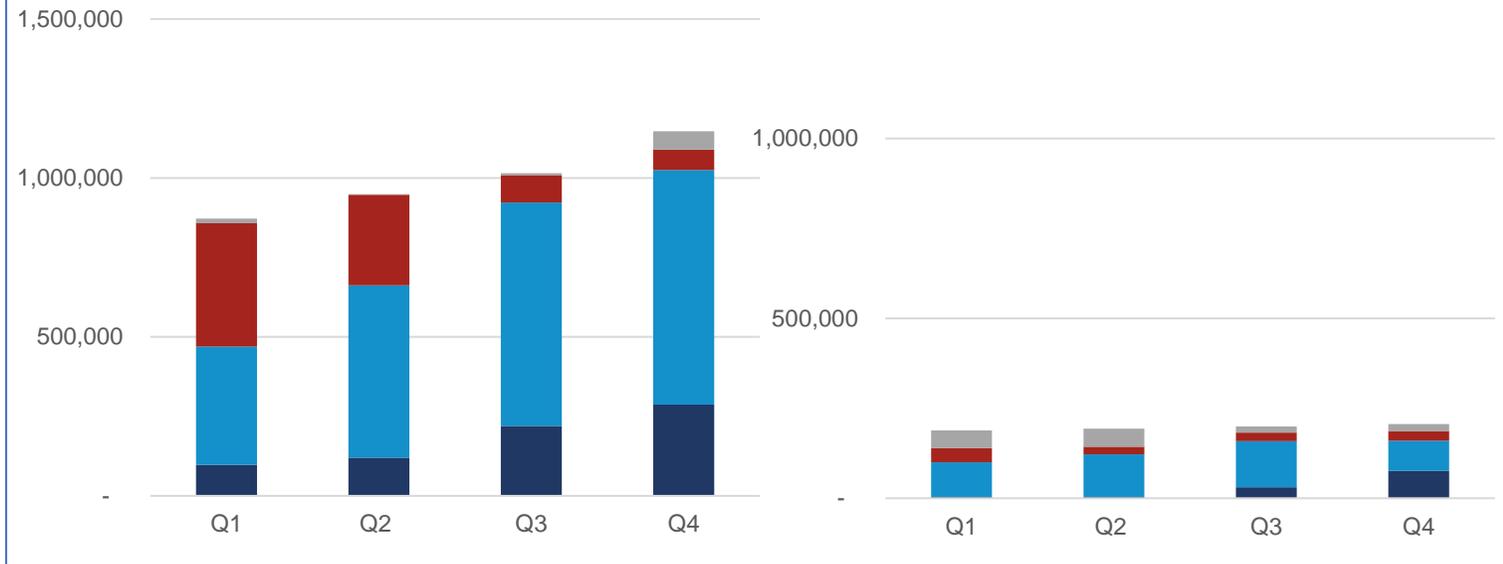
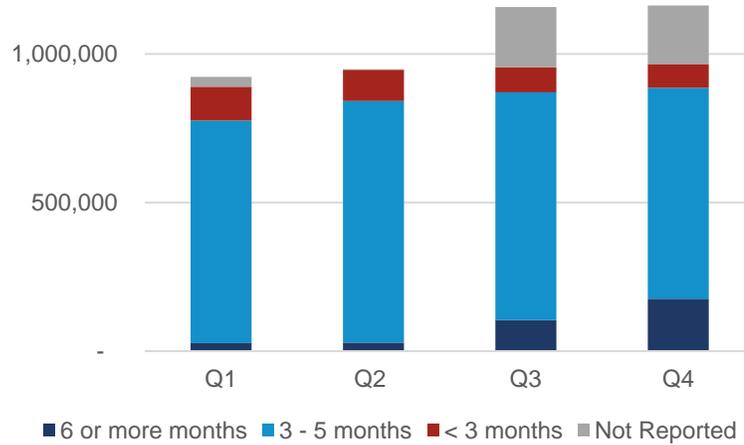
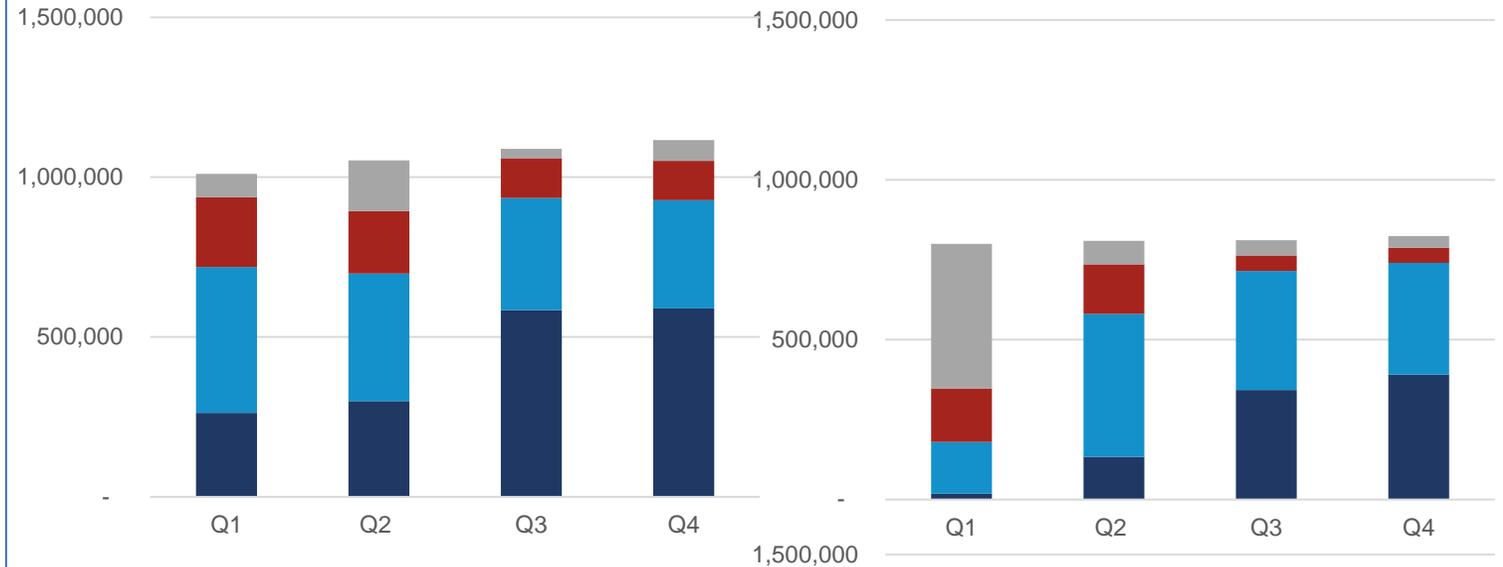


■ 6 or more months
 ■ 3 - 5 months
■ < 3 months
 ■ Not Reported

Moderate change to number of clients on 6MMD



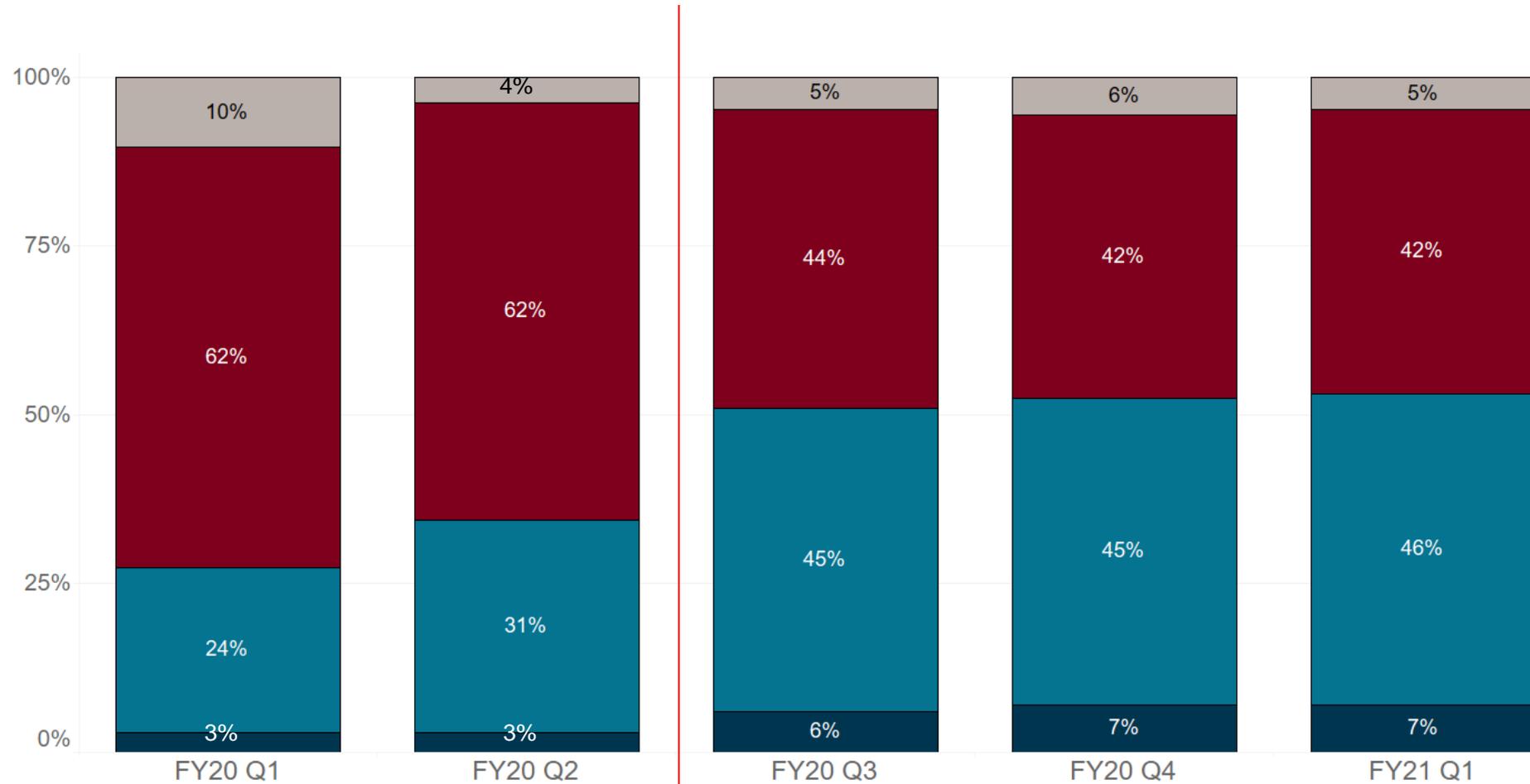
Rapid change to number of clients on 6MMD



These countries had a low proportion of clients on 6MMD in Q2 and more than doubled it in Q3

Pediatric (<15 years) MMD coverage & absolute numbers in CQUIN Network

Data available for 18 of 21 CQUIN countries (excludes Mauritania, Sierra Leone, & South Africa)



■ Not Reported
■ <3 Months (non-MMD)
■ 3-5 Month MMD
■ 6+ Month MMD

Pre-COVID Response

Ongoing COVID Response

3+MMD coverage increased from **27%** in FY20Q1 to **53%** in FY21Q1, with the largest gains made between Q2-Q3.

The absolute # of children on MMD increased from **139,113** in FY20Q1 to **275,661** in FY21Q1; and 6MMD increased from **14,790** to **37,027** during the same period.

In summary

- MMD increased in the first quarter (Q3, April-June 2020) of the COVID response and acceleration of MMD rollout varied by country
 - MMD uptake has slowed since from the FY20 Q3 surge
- We saw a particularly large increase in 6MMD and MMD for children <15 years
- Changes driven by a few countries – heterogeneity in the amount of change
- Important to continue to monitor MMD uptake and policy changes at the country level



PEPFAR



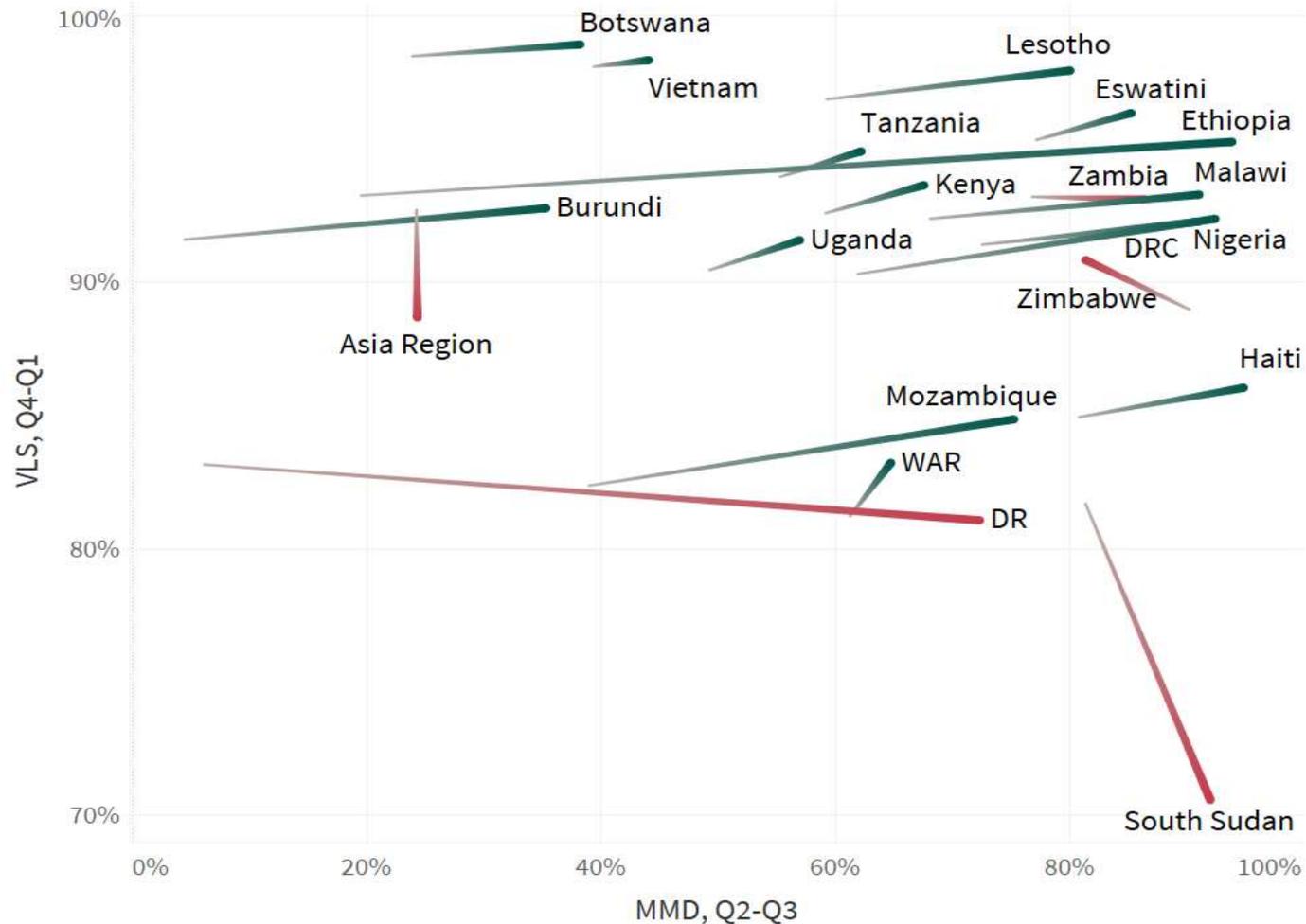
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Five key takeaways from scaling MMD in 2020

Ashely Greve, USAID

1. Expansion of MMD should be supported/accompanied by high rates of viral load suppression (VLS)

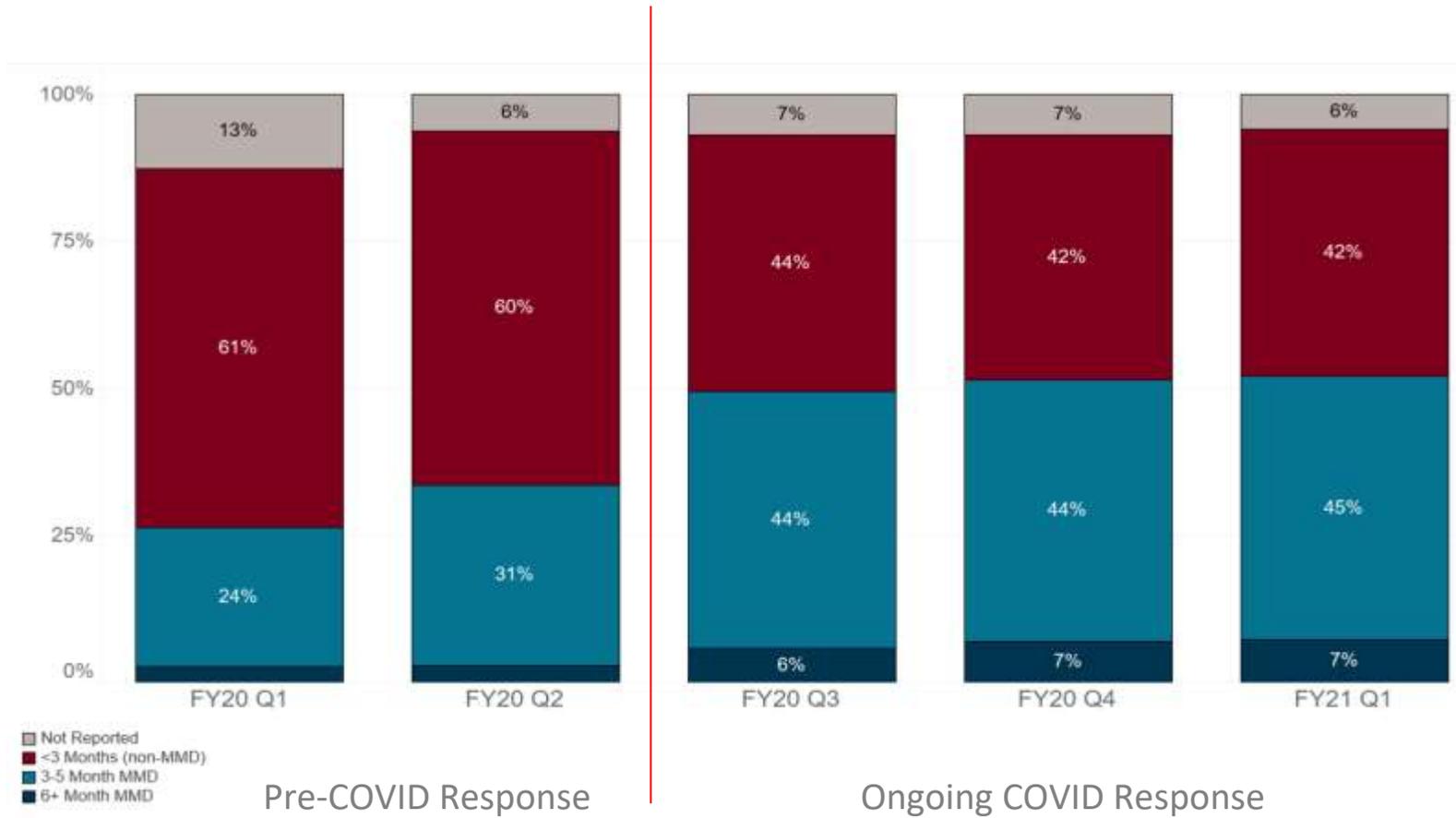
Shifts in Q2-Q3 MMD and Q4-Q1 VLS, USAID



75% of Operating Units (OUs) demonstrate a **positive relationship** between MMD and viral load suppression

2. There are gains (still) to be made in scaling pediatric MMD

Quarterly PEPFAR Pediatric (< 15 years old) MMD Coverage (FY20 Q1 – FY21 Q1)



- Opportunity to leverage the introduction of DTG10 to promote MMD
- Increased focus on promoting family-centered MMD to optimize MMD across household members

3. Challenges remain to obtaining buy-in and scaling up of 6MMD

- Rolling back of COVID-19 eligibility guidelines
- Delays in 6MMD approval and updated treatment guidelines
- TLD stock tensions remain a bottleneck for scale up in some countries
- Draw down on stocks of prior formulations



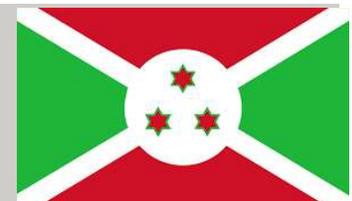
Mozambique
Termination of 3MMD policy in Oct 2020, eliminating pregnant woman eligibility for MMD



Cameroon
TLD stock tensions remain a bottleneck for MMD scale-up



Botswana
Shift to 6MMD has been slow, majority of clients remain on 3MMD



Burundi
Dramatically scaled MMD3-5 in FY20; 6MMD beginning this FY

4. Decentralized Drug Distribution (DDD) (out-of-facility models) can be a contributing factor to increasing MMD

There are many successes to celebrate with DDD models!



-
- Improved choice and convenience for patients
 - Reduced transportation costs, travel time
 - Less wait time for refills
 - Can pick up the ARVs after work
 - Increases in home deliveries for direct delivery in discrete packaging



However, some patients will be best served outside of MMD and DDD models

Challenges	Individual level	Health system level
DDD	<ul style="list-style-type: none">-Stigma and fear of accidental disclosure-Fear of disconnection from facility	<ul style="list-style-type: none">-Logistical challenges-Data retention challenges
MMD	<ul style="list-style-type: none">-Fear of disconnection from facility-Must return to clinic for timely refills	<ul style="list-style-type: none">-Reliable commodity availability-Patient tracking and reminders

Some patients will not qualify for either MMD or DDD

5. COVID-19 continues to impact supply and delivery of PEPFAR commodities

API sourcing challenges

Manufacturing capacity

Container shortages

Freight cost volatility

THANK YOU

The views expressed in this presentation and those of the authors do not necessarily reflect the view of the U.S. President's Emergency Plan for AIDS Relief and the U.S. Agency for International Development.



PEPFAR





International AIDS Society

iasociety.org

Can our antiretroviral therapy supply chain support truly person-centered DSD?

Ethiopia's experience of expanding 6MMD



Why Ethiopia initially supported 6MMD for adults established on treatment (before COVID-19)

The pace of ART enrolment was increasing due to the change in ART enrolment criteria and so the programme needed to adapt:

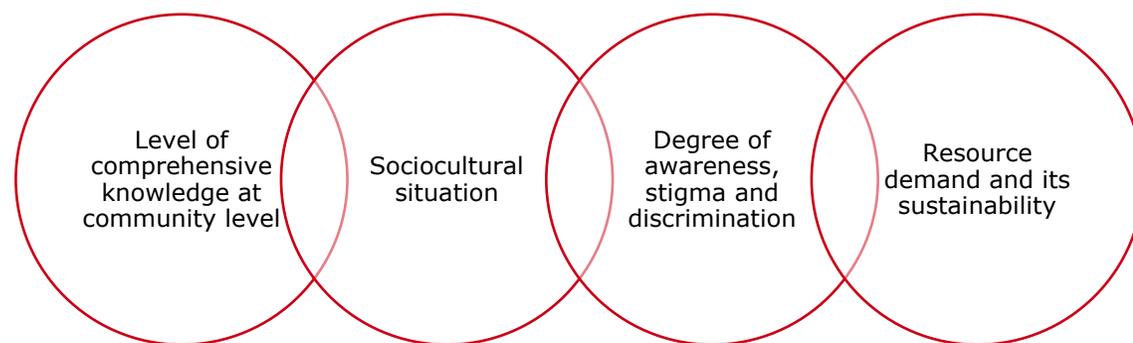
To accommodate the needs of increasing numbers of individuals on ART

To improve retention

To improve health outcomes

Reduce burden on the health system and individual clients

Ethiopia chose the appointment spacing model of service delivery considering the:



Policy changes in 2020 in response to COVID-19 – Expanded eligibility for MMD

Maintain essential HIV treatment services

➤ Provide 6 months ARVs dose (6MMD) for ART clients eligible

For appointment spacing model (ASM), including those refused/declined from ASM earlier.

➤ Provide 3 months ARVs dose (3MMD) for:

- PMTCT clients
- Children \leq 15 years old
- Newly identified clients including key populations (KPs)
- Clients on second and third line ART
- Any other unstable clients who do not need admission (Advanced HIV Disease, High Viral Load (HVL), those on EAC, etc.)

Download the “Interim guidance” [here](#).



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MINISTRY OF HEALTH-ETHIOPIA
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Interim Guidance for Provision of HIV Services in the context of COVID-19 Pandemic in Ethiopia

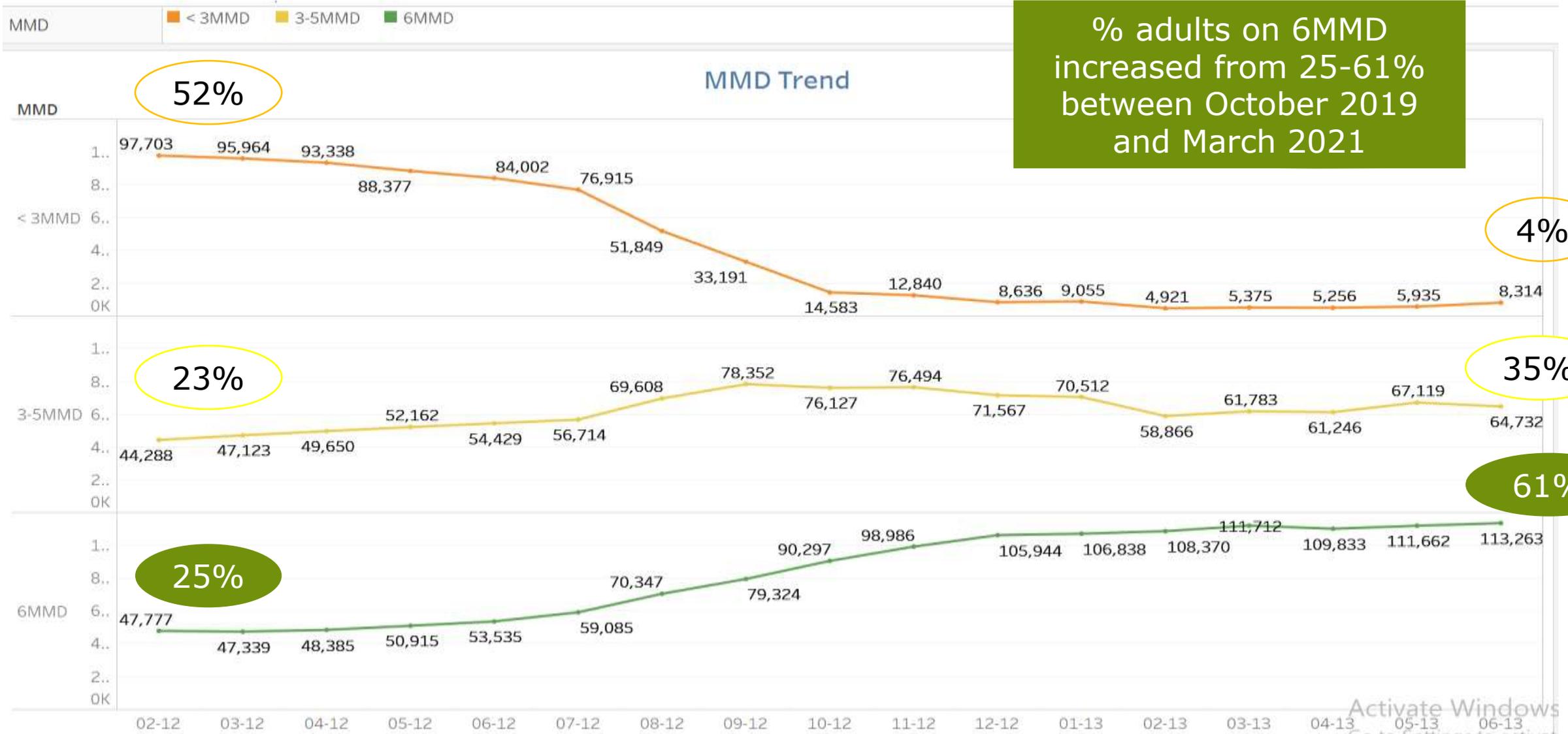
Second Edition

May, 2020
Ministry of Health



Adult MMD-Rapid expansion of 6 MMD and 3 MMD from October FY/19-March FY/21

Data Source: (PTQIT)

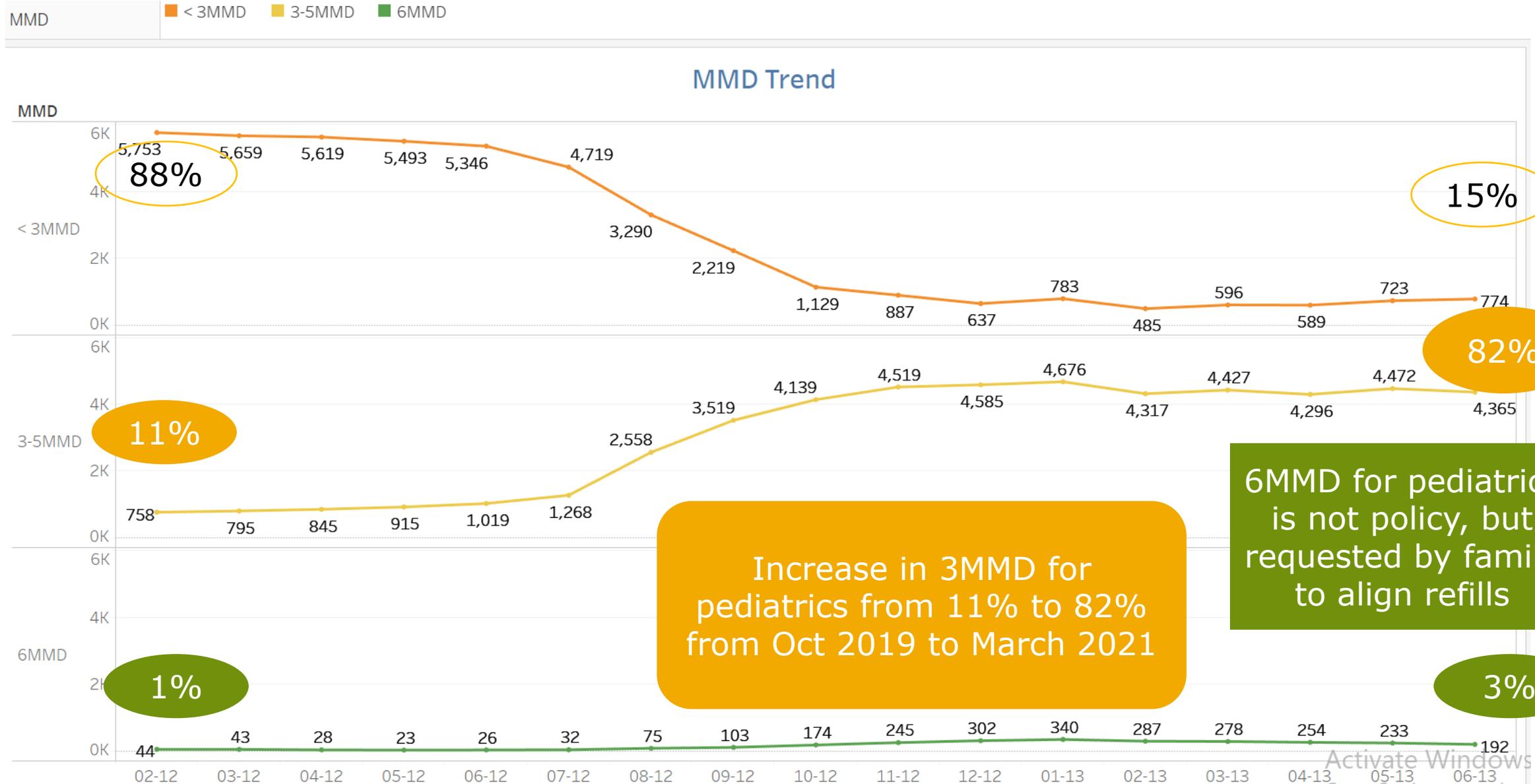


% adults on 6MMD increased from 25-61% between October 2019 and March 2021

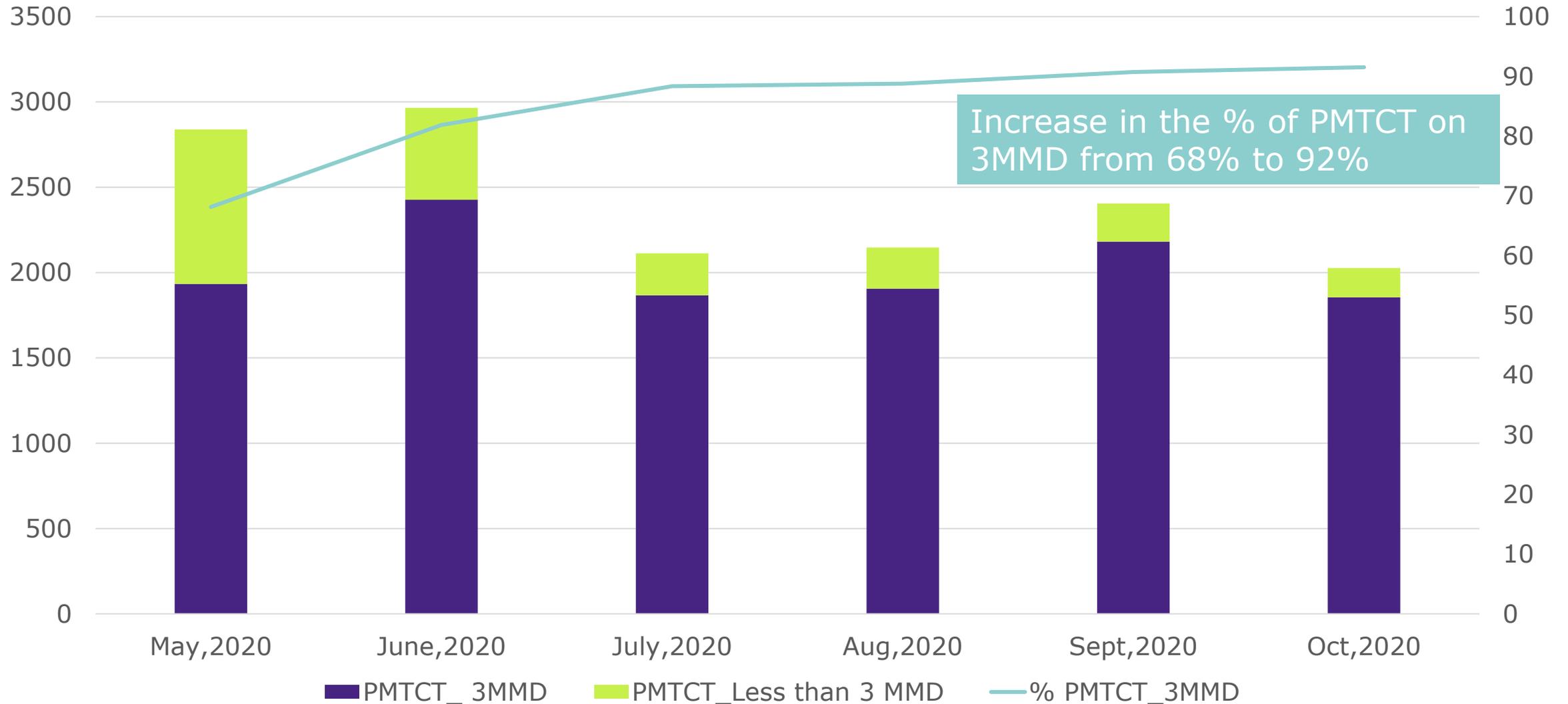


Pediatrics MMD-Rapid expansion of 6 MMD and 3 MMD from October FY/19-March FY/21

Data Source: (PTQIT)



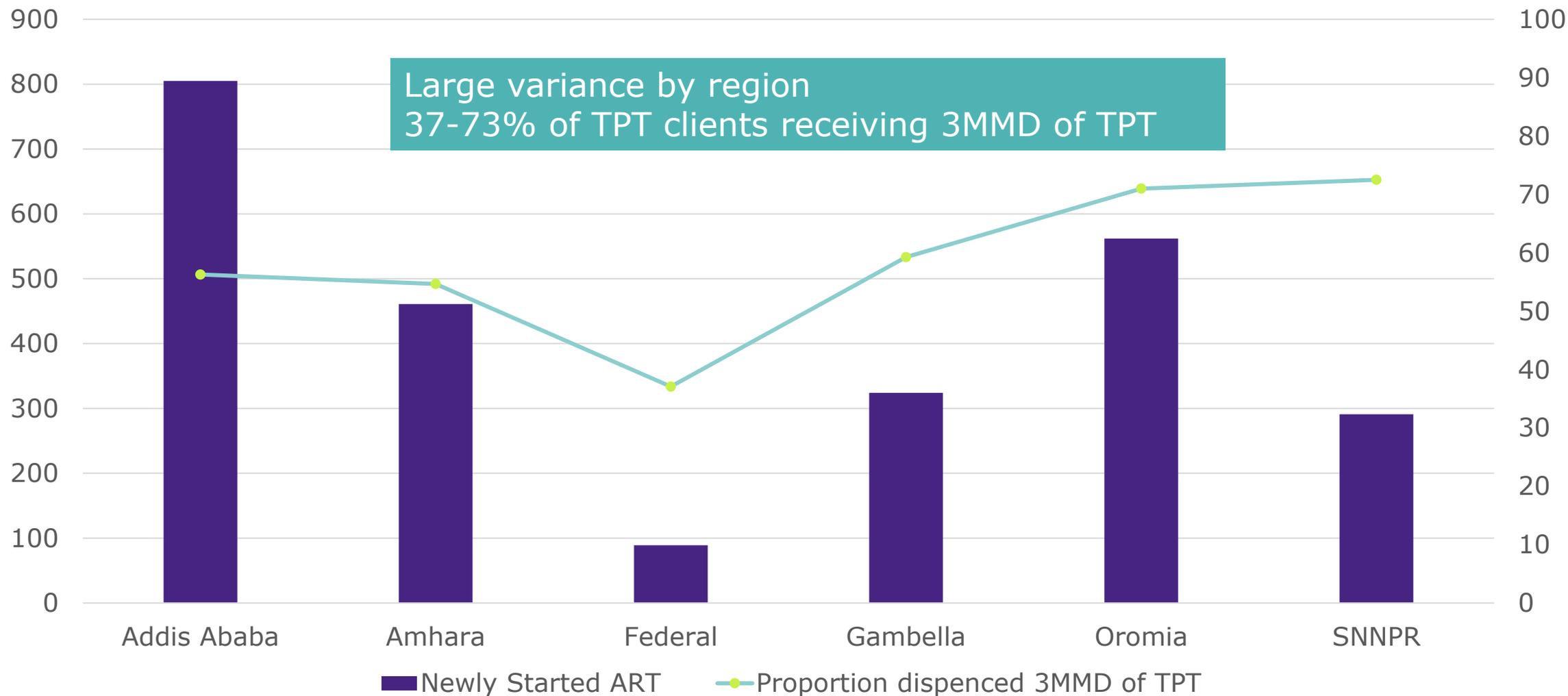
RIAS ART refill duration among PMTCT women, May 2020-Oct 2020





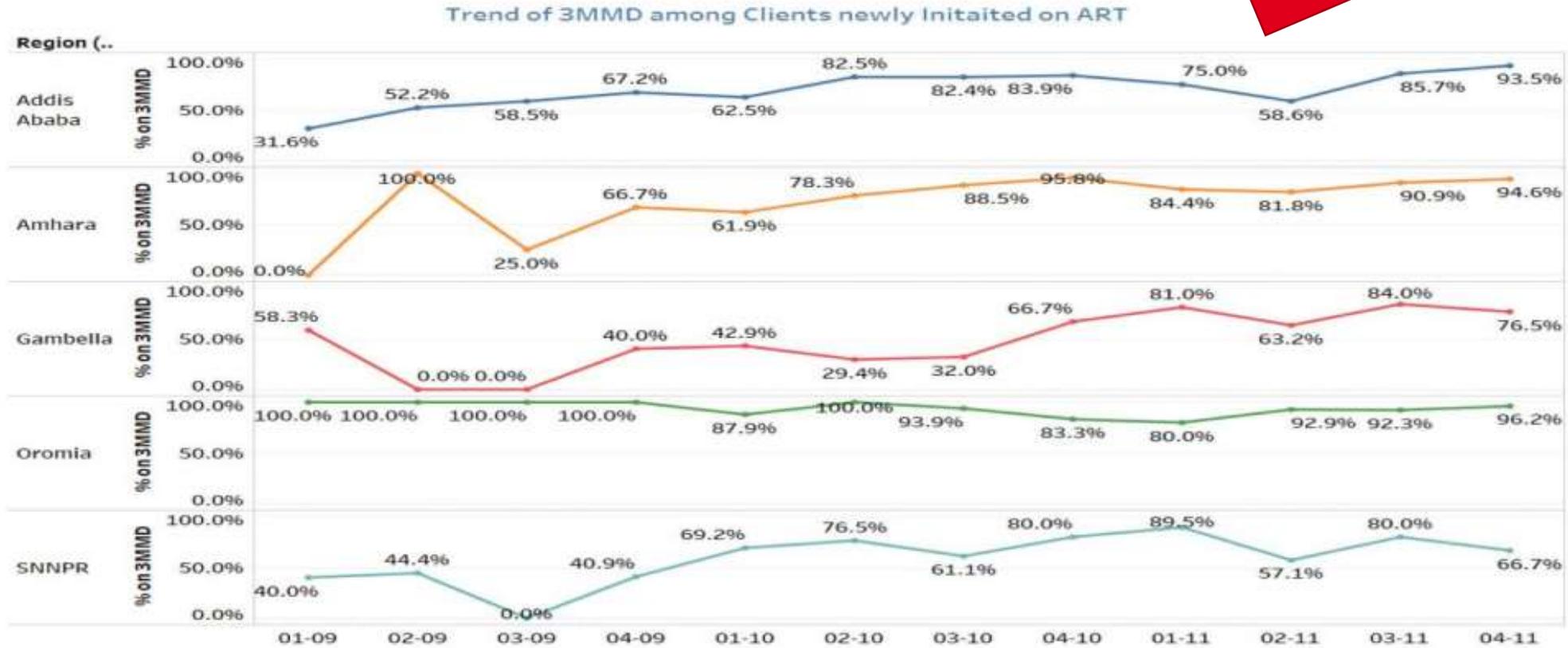
MMD of TPT

May 2020 – Sept 2020, from 114 HF's



3-MMD for newly initiated clients

67-96% of new clients now received 3MMD



May	May	May	June 25	June	July 8	July 15
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What has been the response from health care workers and recipients of care?

- Response from HCWs is encouraging
 - Decreases workload
 - There is time to evaluate unstable clients
- Response from clients is also good
 - Especially for clients taking 6MMD
 - Only 2 bottles of 90-tablet TLD, so issue regarding storage at home solved

**These changes are the “new normal”
and will be sustained**

Lessons for other countries

- » Adopt MMD
- » Expanding MMD requires availability and clear planning for supply chain and M&E

Panel Discussion

Moderator

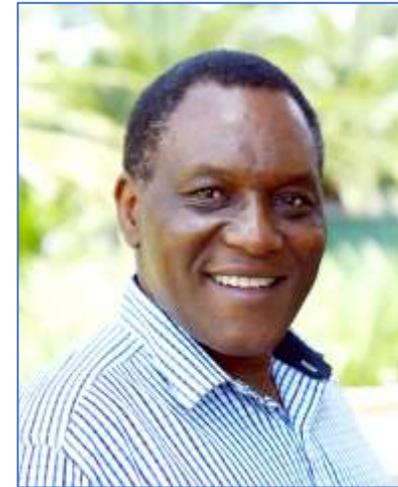


Helen Bygrave
International AIDS Society
United Kingdom

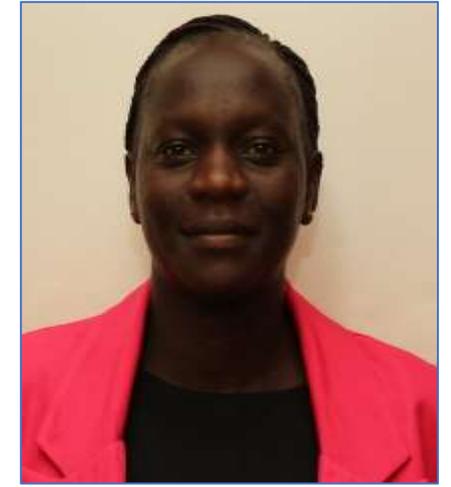
Panelists



Hudson Balidawa
QI & M&E Advisor
MOH Uganda



Lawrence Khonyongwa
Executive Director
MANET+ Malawi



Justine Jelagat Odionyi
Associate Director of Programs
EGPAF, Kenya

Poll 1

In your setting, does the supply chain support integration of TPT within DSD for HIV treatment?

- Yes
- No
- Don't know

Dans votre contexte, la chaîne d'approvisionnement prend-elle en charge l'intégration du traitement préventif de la tuberculose dans la prestation différenciée des services liés aux traitement du VIH?

- Oui
- Non
- Je ne sais pas

Poll 2

In your setting, does the supply chain support integration of family planning commodities within DSD for HIV treatment?

- Yes
- No
- Don't Know

Dans votre contexte, la chaîne d'approvisionnement soutient-elle l'intégration des services de planification familiale dans la prestation différenciée des services pour le traitement du VIH?

- Oui
- Non
- Je ne sais pas

Poll 3

In your setting, does the supply chain support integration of hypertension and diabetes medications within DSD for HIV treatment?

- Yes
- No
- Don't know

Dans votre contexte, la chaîne d'approvisionnement prend-elle en charge l'intégration des médicaments contre l'hypertension et le diabète dans la prestation différenciée des services pour le traitement du VIH?

- Oui
- Non
- Je ne sais pas



Next steps & useful links

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

Find additional DSD tools, information and evidence on: www.differentiatedservicedelivery.org



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

