Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Experiences and lessons in optimizing decentralized drug distribution for Key Populations

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The CQUIN Project for Differentiated Service Delivery

Critical Enablers

Critical factors for scale up of DDD for KPs

- Continuous engagement of key stakeholders (Govt., KP community, other Ips, etc.)
- Enabling government policies
- Robust supply chain systems
- Orientation/sensitization of the private sector
- Orientation of KPs on the benefits of DDD
- Assess patient willingness and ability to pay dispensing fee
  - At reasonable charges
  - For high-quality and more readily services
- Adequate funding for programs to pilot new models
- Robust M&E systems
- Nothing for KPs without KPs

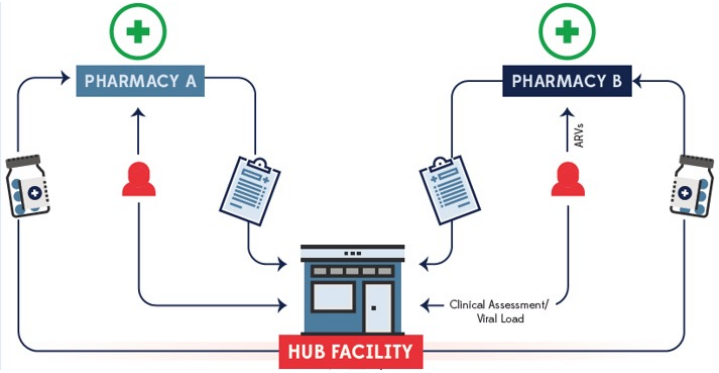
Examples of different models supporting refills for Key Populations

Model Countries	Drop-in Centers/ OSS Malawi Cote d'Ivore Nigeria	Integrated with routine facility models Zambia Eswatini	Home ART delivery Botswana Nepal Laos Indonesia Cote d'Ivoire	Private pharmacy/ clinic model Botswana Malawi Liberia Mozambique Lesotho	PODI Burundi CDI DRC
When	2-3 monthly	3-monthly	3-monthly	3-monthly	3-monthly
Where	In the community or facility	Public ART clinic	Home	Private Pharmacy	PODI leader's home or other community structure e.g., DIC
Who	Project/NGO staff/KP	Clinician	Private courier services (Botswana, Indonesia) CHW (Laos, Nepal)	Private Pharmacist clinician	PLHIV
What	Most DICs provide HTS, condoms, lubricants, STI screening and treatment	ART refill at government facilities Online scheduling (Zambia)	ART refills	ART refill Viral load testing	ARV refills, adherence Counseling sessions, reminders for viral load testing, discussions on topics such as income-generating activities
Challenges	In some countries all are not approved to provide ART	Stigma and other issues lead to high treatment interruption. KP miss some services such as VL testing	Could be expensive and might not meet the needs of some KP such as those with no fixed address	Not approved in some countries	In some countries all are not approved to provide ART

Opportunities: Several DSD models can meet the needs of KP for refill with some adaptations are needed for example to add PrEP, HIV Self-test kits, FP commodities

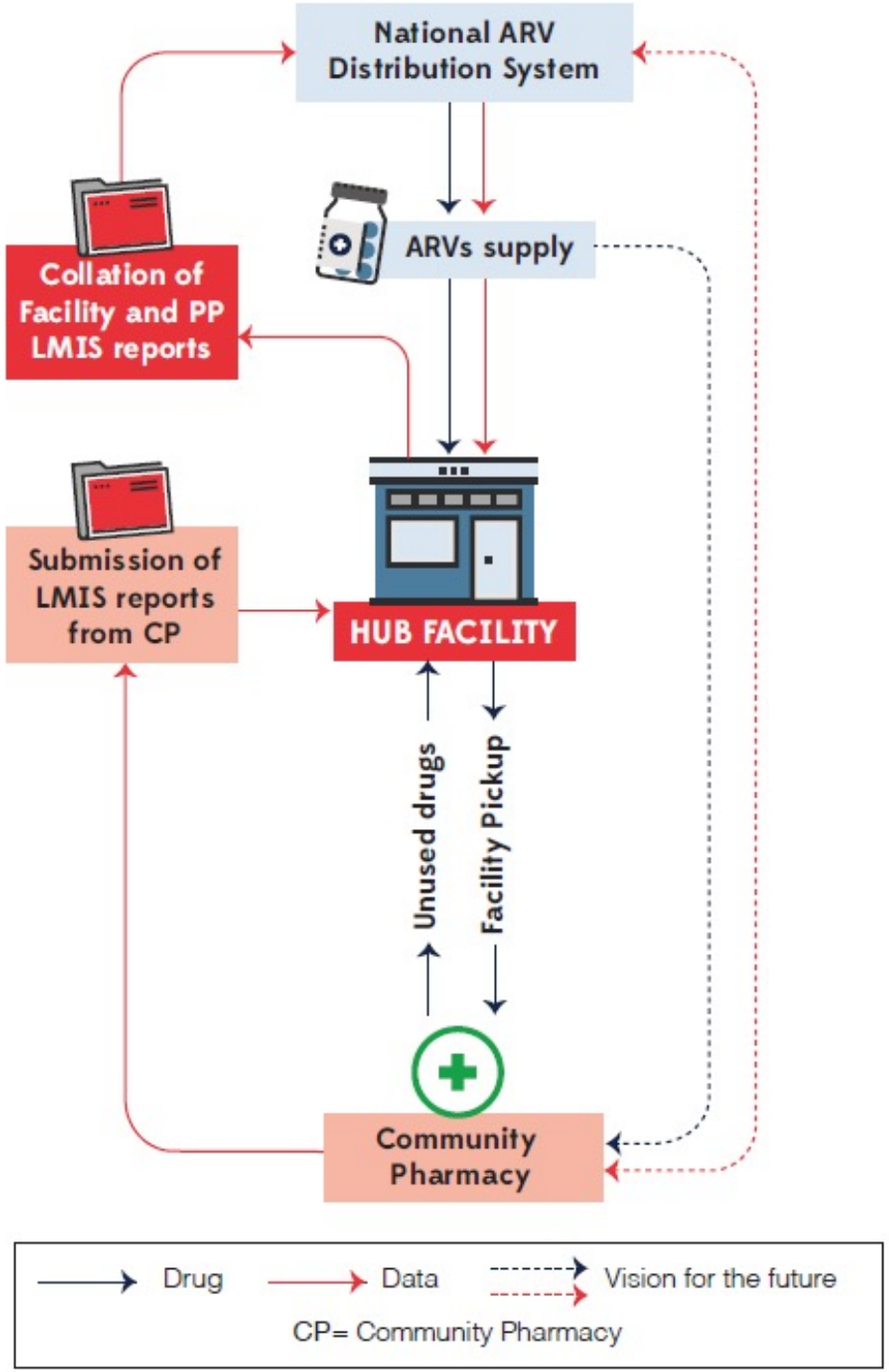
Private Pharmacy Model Overview

1. Pharmacies located where clients live, or work are selected and assigned to specific hub facilities
2. Pharmacists and pharmacy staff are trained on ARV dispensation
3. Patients choose which private pharmacy to be devolved to but can also access ART from any participating pharmacy
4. Devolved clients go to selected private pharmacies for ARV pick-ups
   - Patients may pay a small service fee directly, or the fee paid by the donor/health insurance provider
5. Pharmacist dispenses drugs and provides information to facility about patient refills and ARV accountability
6. Patients return to the facility for clinical reviews and VL monitoring tests
7. Data is entered into an App



EpiC supported countries: Mozambique, Botswana, Eswatini, DRC, Lesotho, Côte d'Ivoire

Countries currently using the PP model: Zambia, Uganda, S. Africa, Nigeria



Democratic Republic of the Congo

PODI/DIC model for KPs and PPs

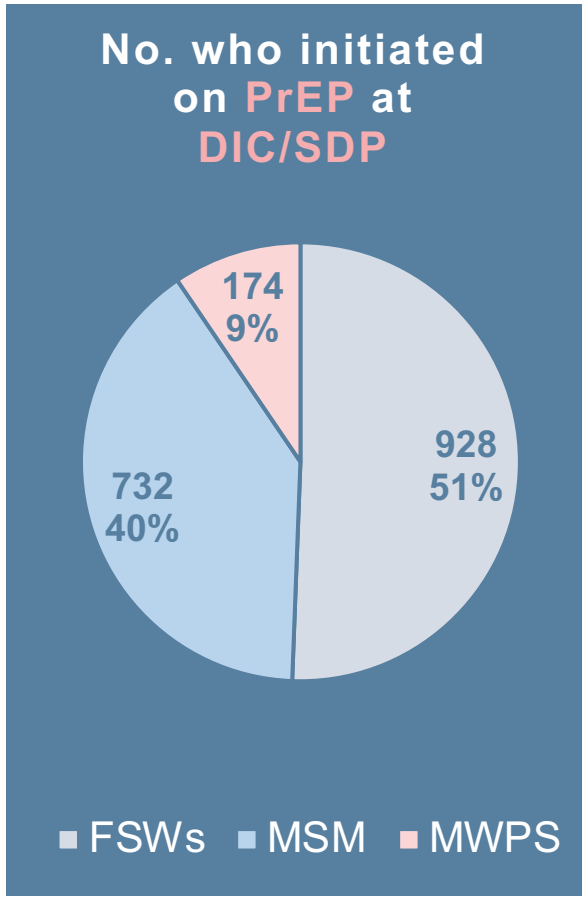
DRC Timeline:
Pre-2017: PODI model for the general population existed
2017: Developed a KP/PP-centered PODI model with PNLS

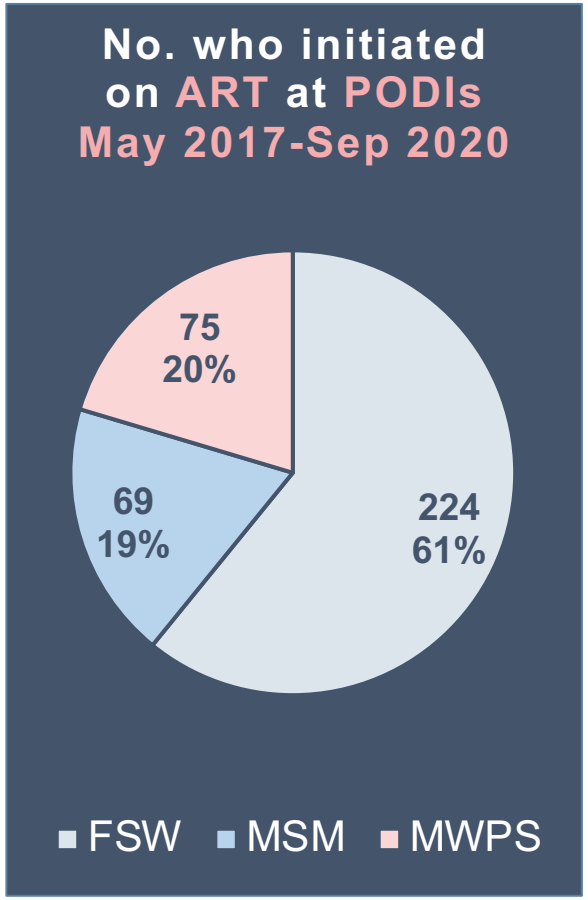
Target: FSW, MSM, MWPS
Services added to address needs of KP PODI/DIC:

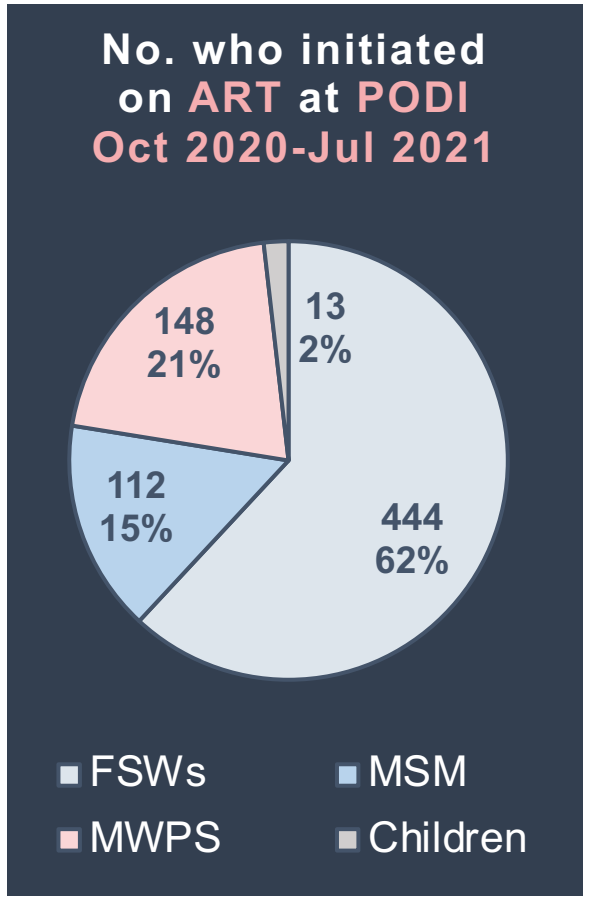
- HIV testing
- Psychosocial support
- Family planning
- TB screening
- PrEP
- Condoms and lubricant
- STI screening and treatment
- ART initiation and ART refills
- Viral load sample collection

Scale:
EpiC currently has **7 DIC/SDP integrated PODI** in Kinshasa (3) Lualaba (2) Haut Katanga (2)
3 new PODI to be added in Haut Katanga and Lualaba in FY22

Opportunities:
Enroll some KP in the private pharmacy model
Add PrEP and other commodities

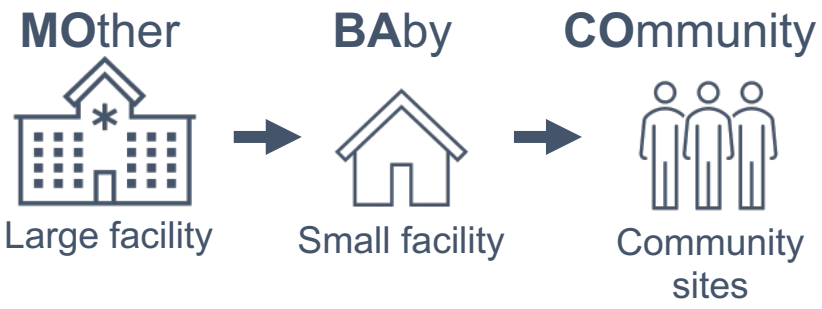






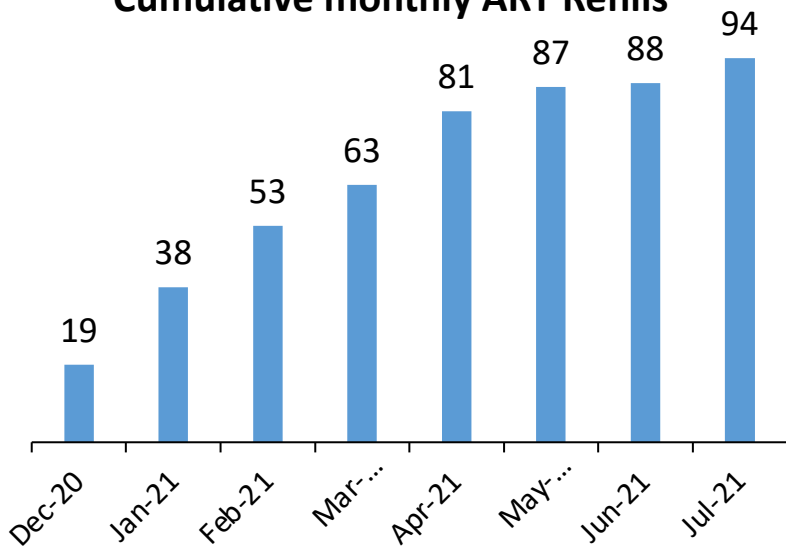
Eswatini ART & PrEP services offered through DDD: Dec 2020 – July 25th, 2021

MoBaCo Model

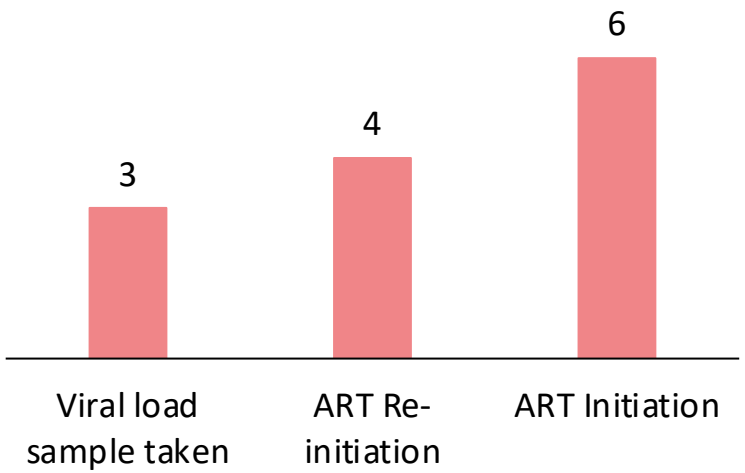


- Eswatini government-initiated model in response to COVID-19
- Community sites: drug shops, closed schools, churches, etc.
- Distributes ARVs, TB, and NCD medications (antidiabetic, antihypertensives) FP products, PrEP, and condoms
- Targets populations extend beyond ART clients.

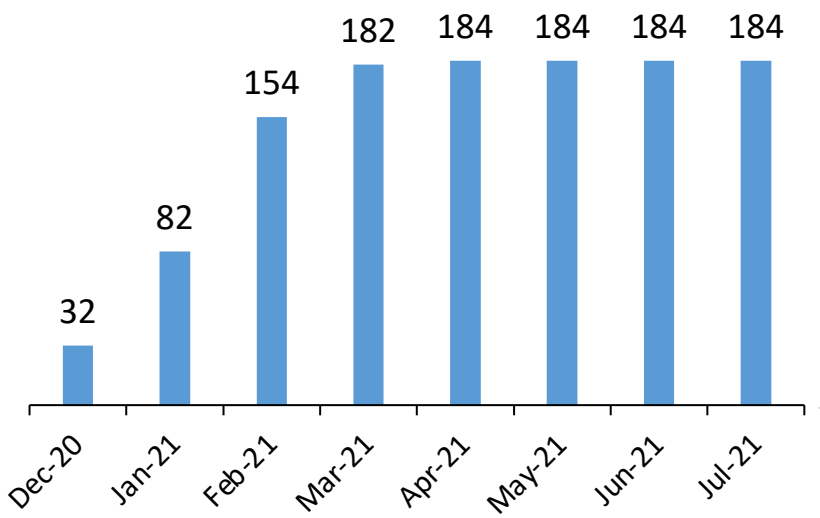
Cumulative monthly ART Refills



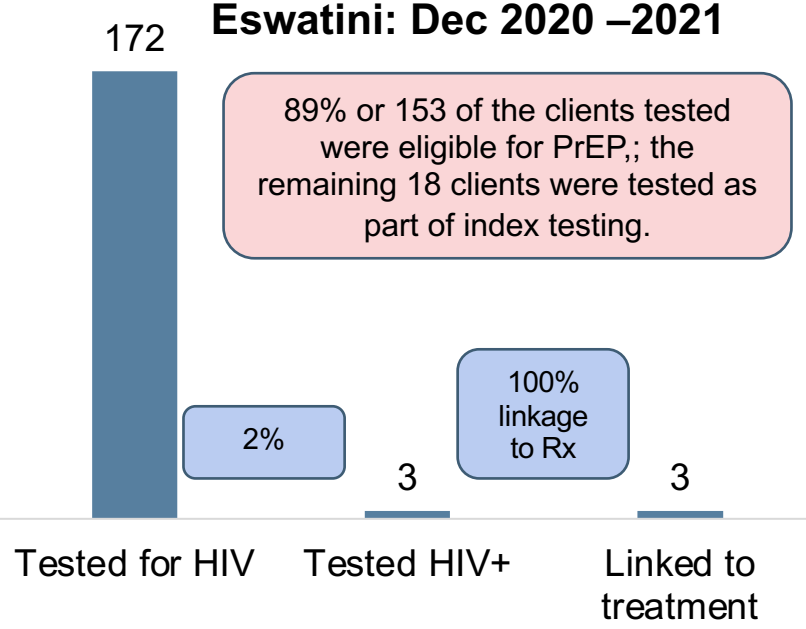
Other DDD services offered



Cumulative monthly PrEP Refills



HTS Cascade for DDD in Eswatini: Dec 2020 –2021



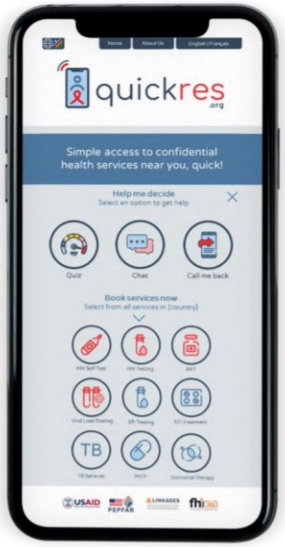
Zambia QuickRes: Online appointments facilitate access for KP

Open Doors:

- Supports increased access to and use of comprehensive HIV prevention, care, and treatment among KP; FSW, MSM and TG
- Currently, 15,586 are enrolled in the program, 4,200 are HIV positive and on ART
- A total of 6,896 are on PrEP
- FY21 April 1 – June 30, 2021, 1,499 KP were enrolled on PrEP: 731 (49%) FSW, 723 (49%) MSM and 45 (3%) TG)

How we can use DSD and available tools to improve access to services for KP:

- Online outreach can help clients select services at times and places that are convenient
- Increasing choice can help decongest facilities
- Appropriate scheduling can reduce client/staff contact time and the risk for COVID-19



Aim: to increase innovative outreach efforts to the hidden, hardest to reach KPs in higher social classes

Project support: Provided tablets, trained providers, and provided data bundles

Service delivery points:

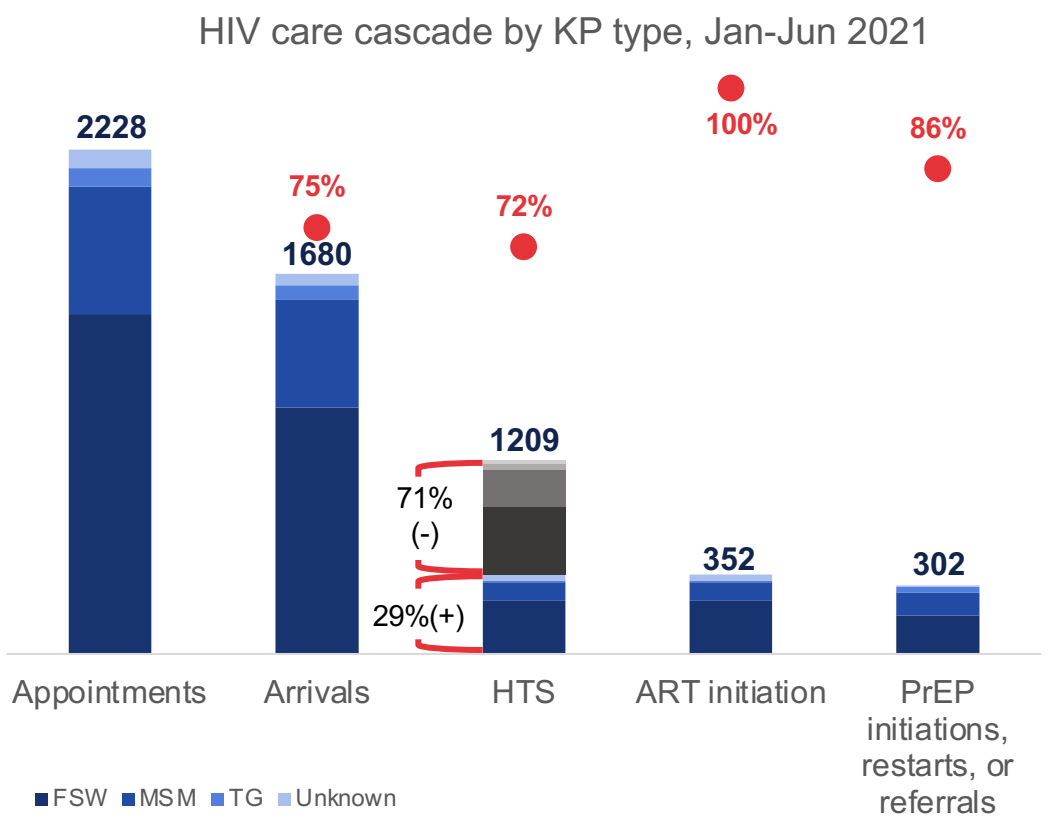
- Wellness centers
- Community mobile clinic
- High-volume public facilities

Services available through online scheduling:

- HIV tests, ART refills
- VL sample collection
- STI care, Family planning, etc.

QuickRes Implementation:

- The website link is shared with social networks through Facebook, GRINDR, WhatsApp
- Peer promoters book appointments on behalf of clients in the community without internet access
- QuickRes documents services and results given during the appointment and monitors clients in care
- HCWs use QuickRes for case management



Cote d'Ivoire

Private pharmacy and community outreach models

Outreach model (March 2021)

- 15 sites including 4 EpiCs is implementing the outreach model: a total of 52 peer navigators trained for ARV distribution

Private Pharmacy model (In progress)

- 7 sites (3 EpiC, 4 CDC supported) selected to implement the private pharmacy model
- 20 private pharmacies selected and involved

Implementation process

Continuous stakeholder engagement : PNLS, CDC IPs, CNOPCI, UNPPCI, RIP+, PLHIV

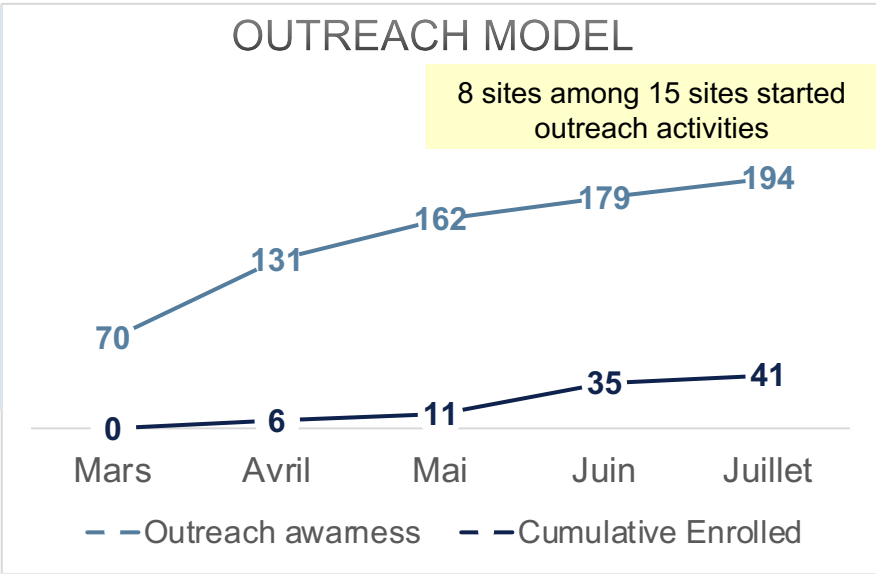
MoU: in process of signature with UNPPCI, EGPAF and ARIEL

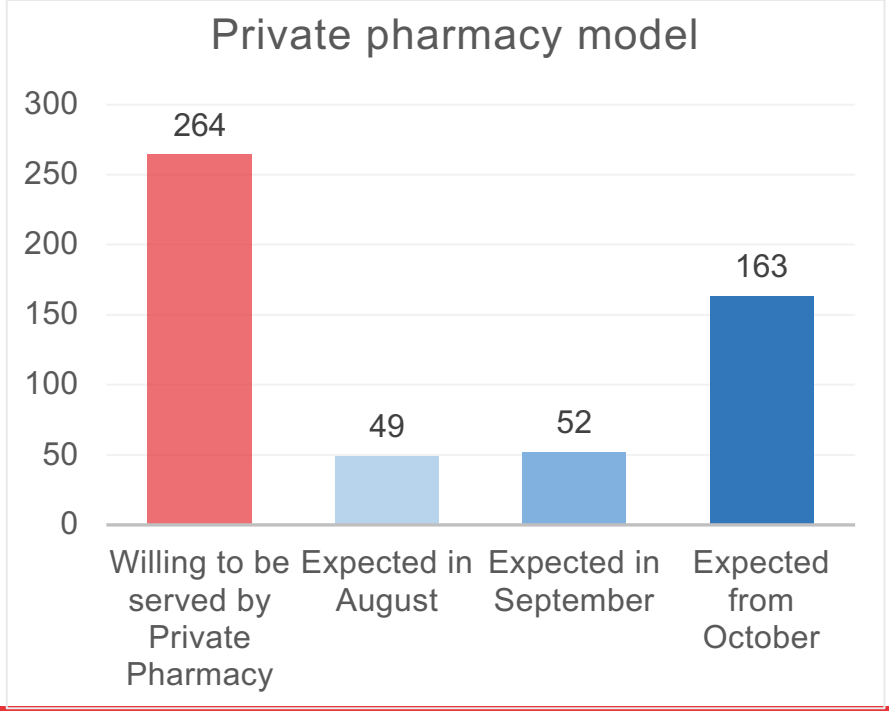
Capacity building: 102 navigators trained on DDD models and tools (3 sessions), SOP for PP model, training modules developed and validated at national level. 20 pharmacies and 7 health facilities trained

Demand creation: PLHIV and HF focus group, Job-Aids developed for services providers,

Selection of private pharmacies: 20 selected private pharmacies are engaged and assessed to implement activities

M&E : DDD App French version has been tested and deployed to the server and validations of all reporting tools at national level





Mozambique EpiC Private pharmacy model and adaptation for KP

National roll out:

33 health facilities &
77 private pharmacies

Trainings:

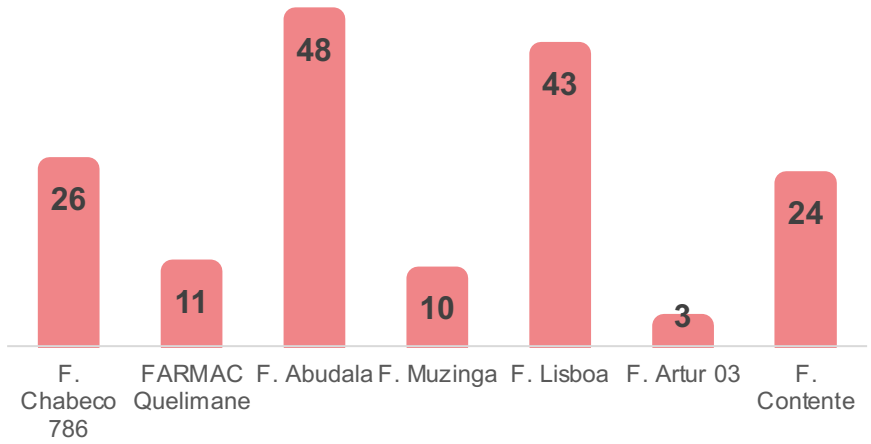
Basic HIV and ART
ARV dispensation
Pharmaceutical care
Pharmacovigilance
Pharmaceutical ethics
Demand creation
Supply management
Electronic data systems

Package of services

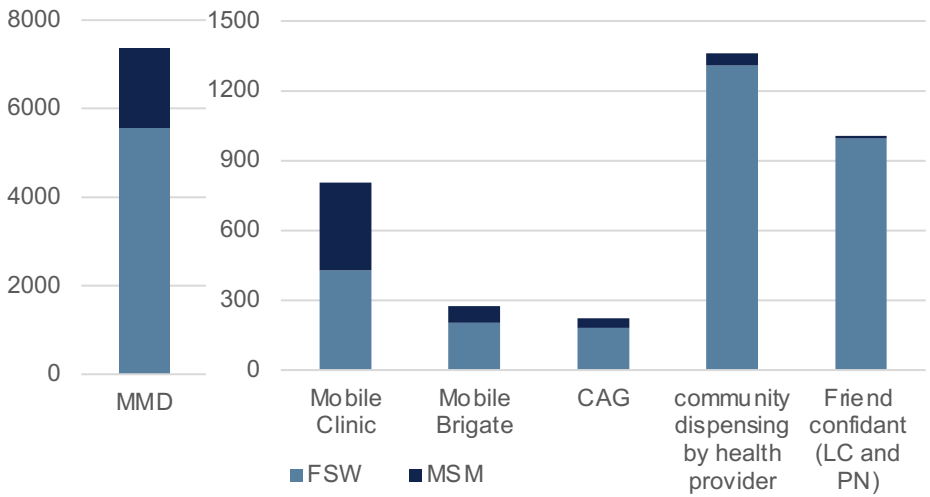
ARV dispensing, adherence monitoring/ support, TB and ADR screening, vitals check (BP, weight)

165 patients devolved to 7 pharmacies in Zambezia province

Clients devolved in Zambezia by pharmacy pick-up point



Other DSD models serving KP under the PASSOS project



Additional trainings needed to ensure private providers can effectively meet the needs of population:

- KP sensitivity training

Package of services for key populations:

ARV dispensing, adherence monitoring/support, TB and ADR screening, vitals check (BP, weight), **STI screening, condoms, lubricants, HIVST, PEP, PrEP, IPV screening, post-GBV and IPV care, FP methods, emergency contraceptives, treatment literacy**

Burundi Adapting the PODI model to Burundi context

PODI implementation:
The PODI model was adopted in 2016 and ARV distribution approved in 2020
PNLS 3-MMD scale-up plan developed in May 2020 in the context of COVID-19

EpiC support to increase PODIs and clients enrolled:
Stakeholder engagement (PNLS, PLHIV)
Baseline PODI landscape assessment
Training of PODI leaders and health facility staff
Adaptation of PODI data collection tools

PODI enrollment by province, Oct 2020 – Apr 2021

Province	# of PODIs established	# enrolled in PODIs	% established clients enrolled
Bujumbura	28	461	35%
Bujumbura Mairie	132	2,164	15%
Bururi	22	150	14%
Muramvya	26	223	23%
Makamba	11	290	20%
Gitega	240	2,468	47%
Kirundo	98	1246	31%
Mwaro	17	141	19%
Rumonge	37	255	27%
Rutana	40	429	53%
Total	**651**	**7,827**	**26%**

Adaptations for KP

- **KP DIC-linked PODI:** Beneficiaries pick-up ARVs at the KP DIC and have access to DIC services
  - **Ngozi:** Initially used nurses for ART distribution at the DIC; now transitioned the role to a PODI member.
  - **Kirundo:** Peer navigators distribute ARVs
- **Integrated PODI:** KP beneficiaries are members of general population PODIs that meet at a community location of their choice
  - Used in Gitega – there are no KP DICs
  - A PODI member distributes ARVs
  - KP status is not disclosed to PODI members
  - KP member receives KP-specific services through peer navigators/psycho-social support & support groups/EpiC-supported health facilities

Province	# of sites	# of PODI	KP PODI beneficiaries
Ngozi	1	1	17
Kirundo	1	1	16
Gitega*	1	5	9

Summary

- Virtually all DDD models that are currently in use for general populations need to be adapted to meet the needs of KPs
- Community-based, KP-led service providers have made significant progress with advancing the DSD approaches that COVID-19 necessitated.
- Time to scale up some of these approaches, even beyond COVID-19
- DDD models are key approaches for achieving and maintaining epidemic control, including among KPs

EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.