



Differentiated Service Delivery for Key Populations

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

DSD for HIV treatment for key populations
– IAS 2021 recap

Dr. Anna Grimsrud

Lead Technical Advisor, IAS – the International AIDS
Society

30 August 2021

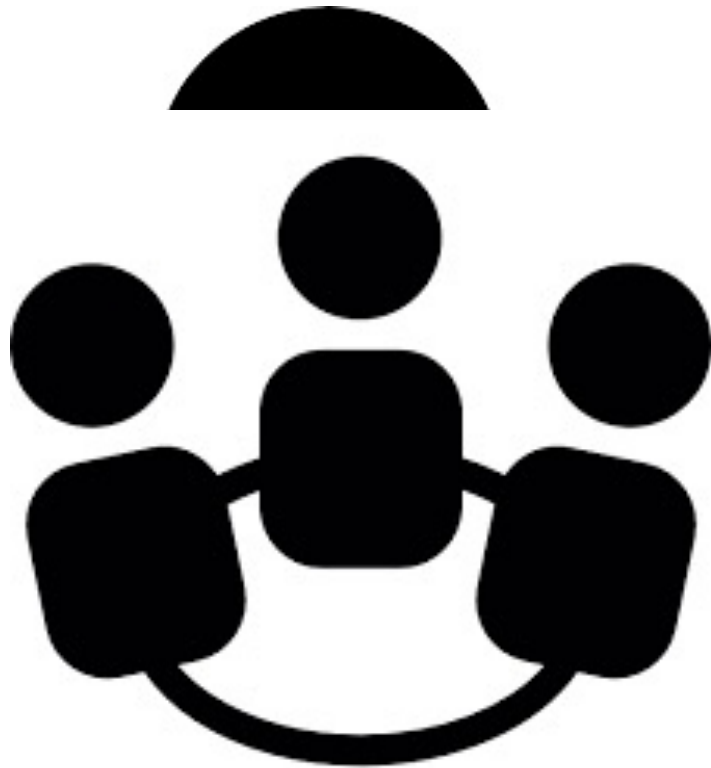


HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Evolution of HIV service delivery

WHO



WHERE



WHEN



Building blocks of HIV treatment and considerations for key populations

WHERE

- How far to decentralize varies according to context (privacy and confidentiality, criminalization, stigma)
- Integration – situations when integration may not be the best choice

WHEN

- Extending or adapting service hours
- Reducing the frequency of ART refills and clinical visits
- Ensuring appropriate frequency of psychosocial support

WHO

- The critical role of key population peers

WHAT

- Clinical (including key populations specific medical package), ART refills and psychosocial support
- Key populations may require additional services
- The need for effective referral systems to psychosocial support providers



A Decision Framework for differentiated antiretroviral therapy delivery for key populations, 2018. Available in [English](#), [French](#) and [Portuguese](#)

Four models of DSD for HIV treatment



- Multi-month dispensing is an enabler
- Clinical consultations can be considered separately to ART refills and psychosocial support

Different names for variations of each



- ADHERENCE CLUBS (FACILITY AND COMMUNITY BASED)
- COMMUNITY ADHERENCE GROUPS (CAG)
- FAMILY CLUBS
- TEEN CLUBS

GROUP MODELS MANAGED BY HEALTH-CARE WORKERS



- COMMUNITY ADHERENCE GROUPS (CAG)
- COMMUNITY ADHERENCE REFILL GROUPS (CARG)
- CLIENT-LED ART DELIVERY (CCLAD)

GROUP MODELS MANAGED BY CLIENTS



- FAST TRACK

INDIVIDUAL MODELS BASED AT FACILITIES



- COMMUNITY DRUG DISTRIBUTION POINTS (CDDP)
 - COMMUNITY-BASED ORGANIZATIONS
 - LOCKERS/AUTOMATED DISPENSING
 - COMMUNITY ART DISTRIBUTION POINTS (PODI)
 - EXTERNAL PICKUP POINTS
 - DROPIN CENTRE
 - PRIVATE PHARMACIES
 - MOBILE CLINICS
 - HOME DELIVERY
- BY PEERS, COURIERS, HEALTHCARE WORKERS

INDIVIDUAL MODELS NOT BASED AT FACILITIES

“DDD – decentralized drug distribution”

DSD for HIV treatment is for everyone

- Re-validated - Recommendation

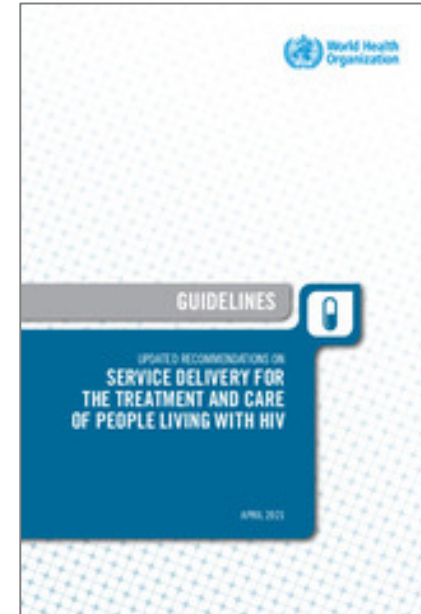
People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible

Strong recommendation; moderate-certainty evidence

- Re-validated - Recommendation

People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible

Strong recommendation; moderate- to low-certainty evidence



Criteria for determining whether a person is established on ART

Revised

To support the implementation of these recommendations, WHO has developed criteria for determining whether a person has been successfully established on ART:

- ✓ receiving ART for at least six months;
- ✓ no clinical signs of HIV disease, including those associated with second- and third-line regimens, those with controlled comorbidities, children, adolescents, pregnant and breastfeeding women and key populations.
- ✓ good adherence to ART (if viral load is not available: CD4 count >200 cells/mm³ or weight gain, absence of symptoms and concurrent infections).

Summary of science from IAS 2021 DSD for HIV treatment among key populations

Focus on DSD for HIV treatment (not the science for prevention or testing) and among key populations



IAS 2021
18 – 21 July

IHRI Thailand – taking services virtual



Adjusted same-day ART initiation in response to COVID-19



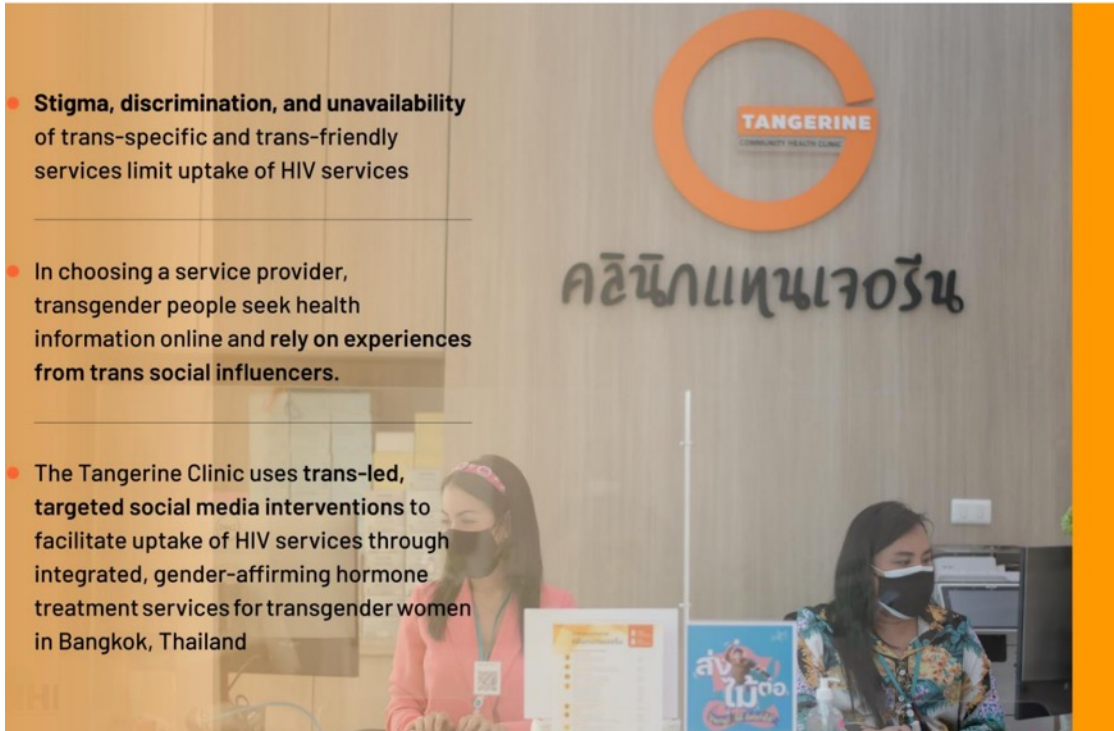
	ART preparation	ART initiation	Post initiation follow-up
WHEN	<ul style="list-style-type: none"> On the same day as HIV diagnosis 4 weeks of ART supply 		<ul style="list-style-type: none"> Follow-up 2 weeks after initiation 6 weeks of ART supply
WHERE	<ul style="list-style-type: none"> In person at the clinic 		<ul style="list-style-type: none"> In person at the clinic or virtual at home based on client preference
WHO	<ul style="list-style-type: none"> Physician Nurse Peer navigator 	<ul style="list-style-type: none"> Counsellor Pharmacist 	<ul style="list-style-type: none"> Physician Peer navigator Pharmacist Courier
WHAT	<ul style="list-style-type: none"> In-person clinical consultation Adherence counselling 		<ul style="list-style-type: none"> Clinical consultation Adherence counselling ART refill by courier delivery

Let's take going virtual viral - moving services online in Thailand, Reshmie Ramautarsing, [The Phoenix rises: How COVID-19 has accelerated differentiated service delivery for HIV treatment](#)

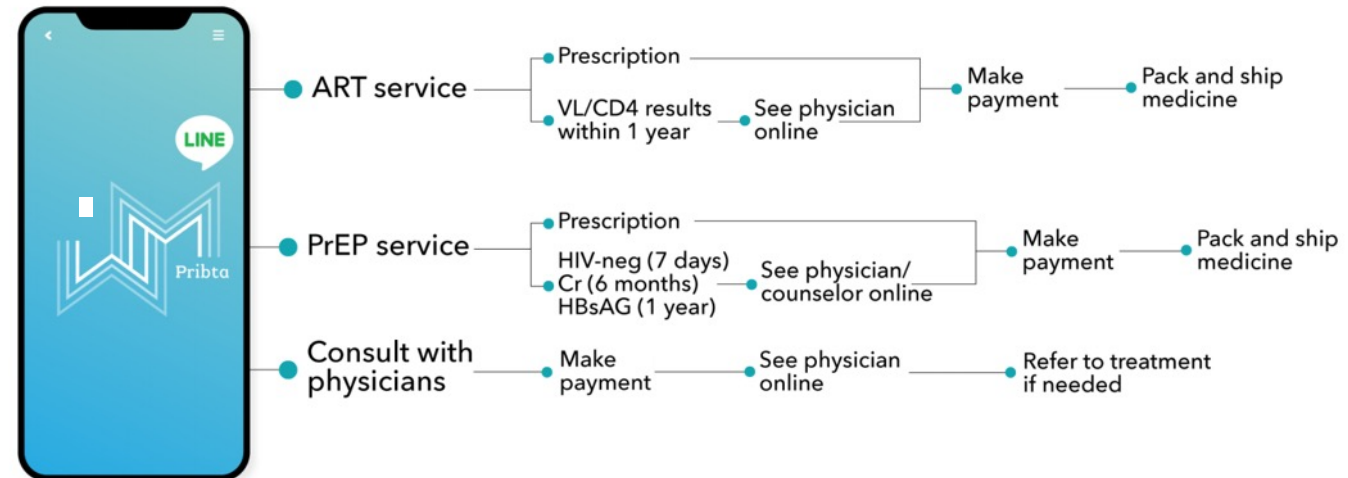
IHRI Thailand – taking services virtual

Tangerine Community Health Clinic

- **Stigma, discrimination, and unavailability** of trans-specific and trans-friendly services limit uptake of HIV services
- In choosing a service provider, transgender people seek health information online and rely on experiences from trans social influencers.
- The Tangerine Clinic uses trans-led, targeted social media interventions to facilitate uptake of HIV services through integrated, gender-affirming hormone treatment services for transgender women in Bangkok, Thailand



Pribta telehealth flow



Let's take going virtual viral - moving services online in Thailand, Reshmie Ramautarsing, [The Phoenix rises: How COVID-19 has accelerated differentiated service delivery for HIV treatment](#)

HIV service delivery to key populations in the time of COVID-19: Experiences from India



India's National AIDS Control Program response:

- Multi month dispensing (MMD) for all people living with HIV
 - *instead of only for those established on treatment*
- Home and community based delivery of ART
 - *instead of facility pick up*
- ART available from any center
 - *instead of facilities where client is*
- Take home medication of opioid substitution therapy

[HIV service delivery to key populations in the time of COVID-19: experiences from India.](#)
Rose Pollard, [Delivering treatment where people live](#)



ART Center in Hyderabad, Telegana

Results from seven focus group discussions with 44 people from key populations

HIV treatment experiences

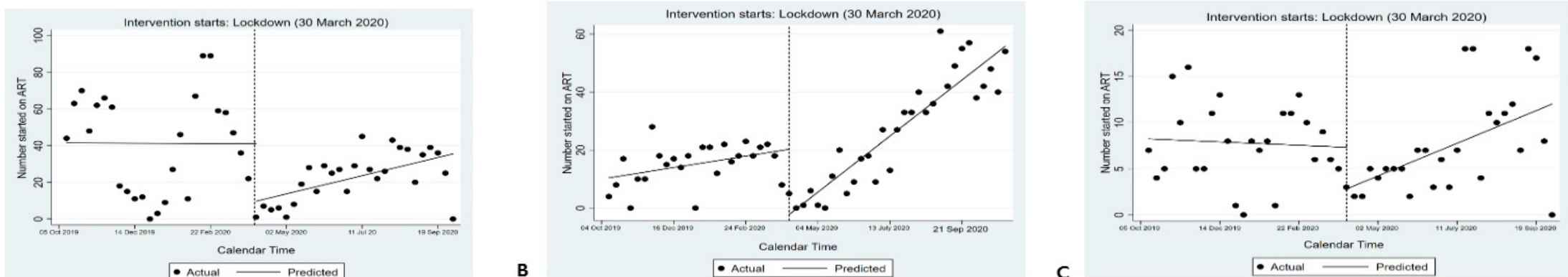
- ART refills accessed at public ART centers or through home delivery
- Challenges from ART stock-outs or disrupted hours of ART center operations
- Disruptions in services led to delayed or cancelled CD4 and viral load monitoring
- Appreciation for door-delivery of ART; enabled participants to maintain stock
- Appreciation for MMD; reduced trips for ART pick up
 - Concerns about MMD and potential status disclosure

Conclusion --> Community-based services should be expanded - decentralization can strengthen health systems to better serve KPs

Increase in ART initiation post-lockdown in South Africa

- Innovative programmatic adaptations implemented in response to COVID-19 lockdowns included increased mobile testing, ART home delivery, and amplified peer navigation
- An increase in weekly case-finding and ART initiation after lockdown for all KP

Figure: Trends in ART initiation before and after lockdown among (A) female sex workers, (B) men who have sex with men and (C) transgender people in South Africa



Call to Action!



- Minimal data on DSD for HIV treatment for key populations presented at IAS 2021
- Lots of science around DSD for HIV treatment – and more data on DSD for PrEP for key population
- Key takeaway – call for submissions from programmatic implementation of DSD for HIV treatment for key populations