Differentiated Service Delivery for Key Populations

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

Delivering Differentiated Services for Key Populations

Expanding Options for the Client

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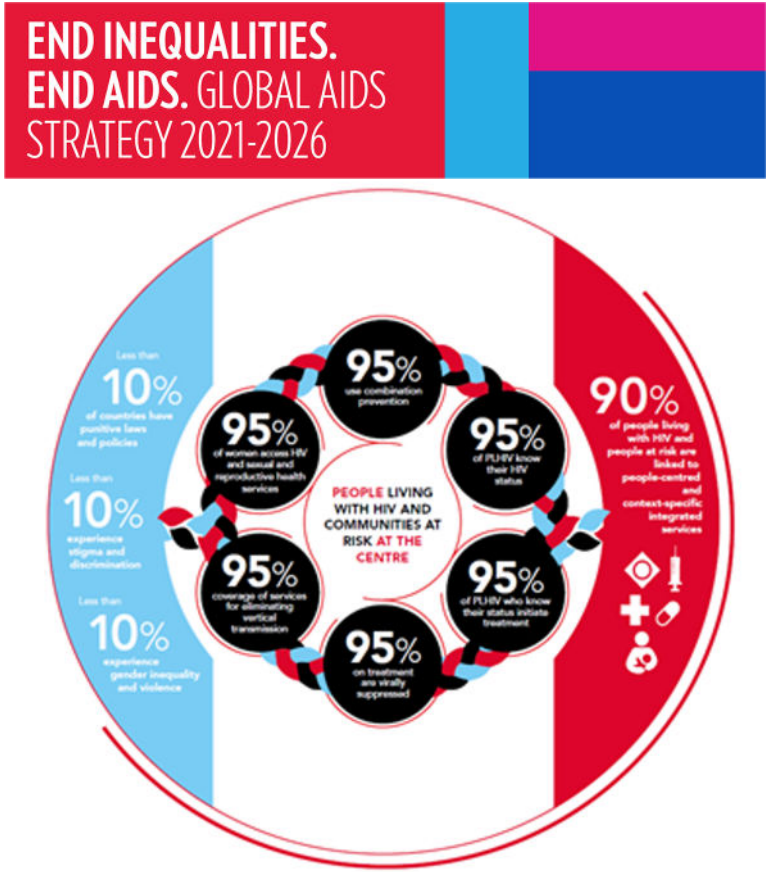
August 30, 2021

icap Global Health

HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

SOUTH TO SOUTH LEARNING NETWORK
The HIV Prevention Interchange

Public Health Priority to Differentiate Services

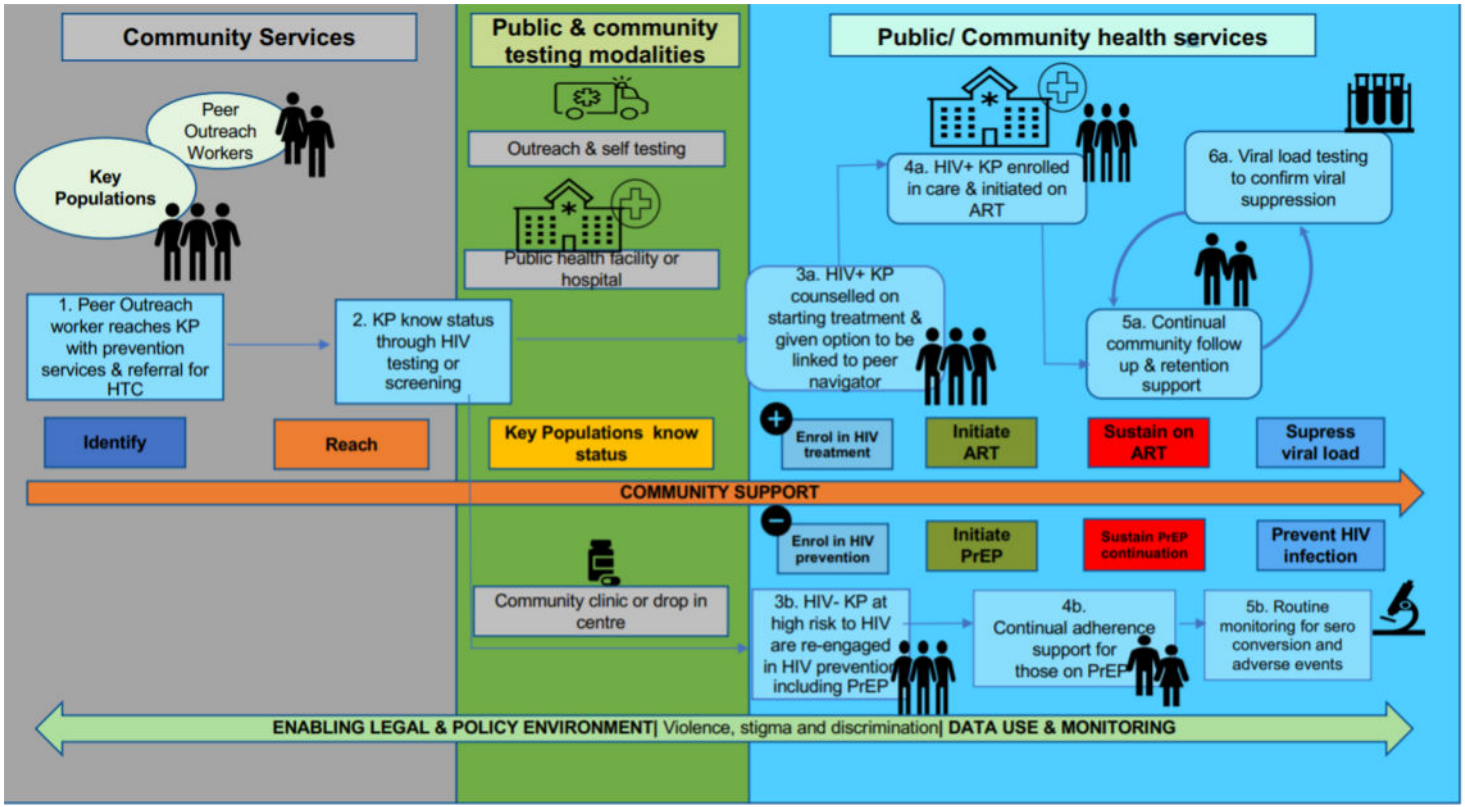


95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographic settings, including children living with HIV.

Social Enablers - 10-10-10 Targets:

- <10% of countries have punitive legal and policy environments
- <10% of PLHIV and KP experience stigma & discrimination
- <10% of women, girls, PLHIV, and KP experience gender inequality & violence

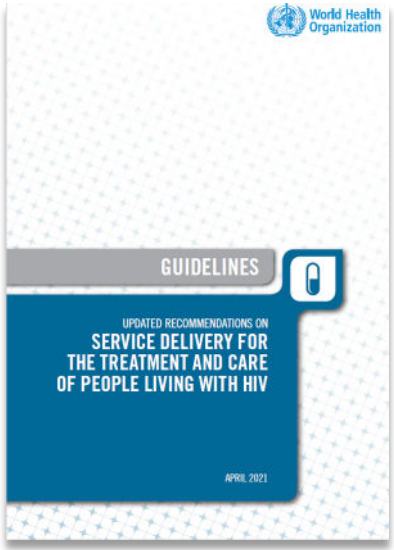
Differentiated Service Delivery



Source: Bernard Madzima, CEO, NAC Zimbabwe

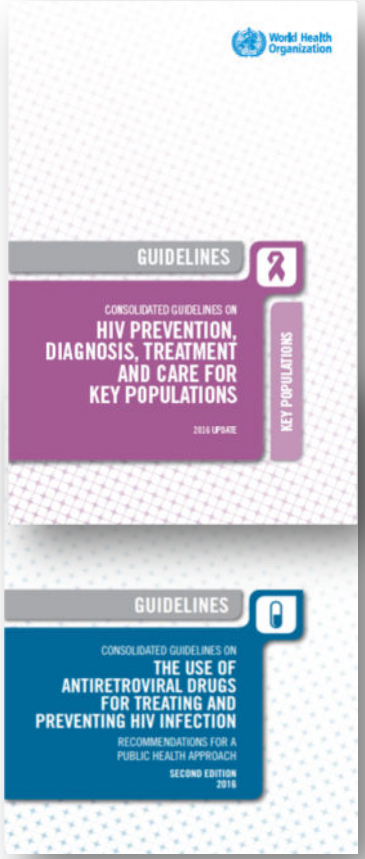
CQUIN Presentation, Session 1

ART service delivery recommendations from 2021 Service Delivery guideline: applying them to key populations



ART initiation may be offered outside the health facility	…including at community-based clinics operated for and by KP
Clinical visits every 3-6 months, preferably 6 months if feasible*	…with no restrictions related to gender, employment, drug use or criminalisation
ART dispensing every 3-6 months, preferably 6 months if feasible*	
Tracing and support for people who have disengaged	….may be particularly relevant to KP and involve virtual support
SRH services, including contraception, may be integrated with HIV services	…particularly for high risk women such as sex workers and women WID
Psychosocial interventions should be provided to all adolescents and young adults living with HIV	…including adolescent and young adult KP

In settings where **opioid substitution therapy** is provided, **ART should be initiated and maintained** in people who are eligible for ART

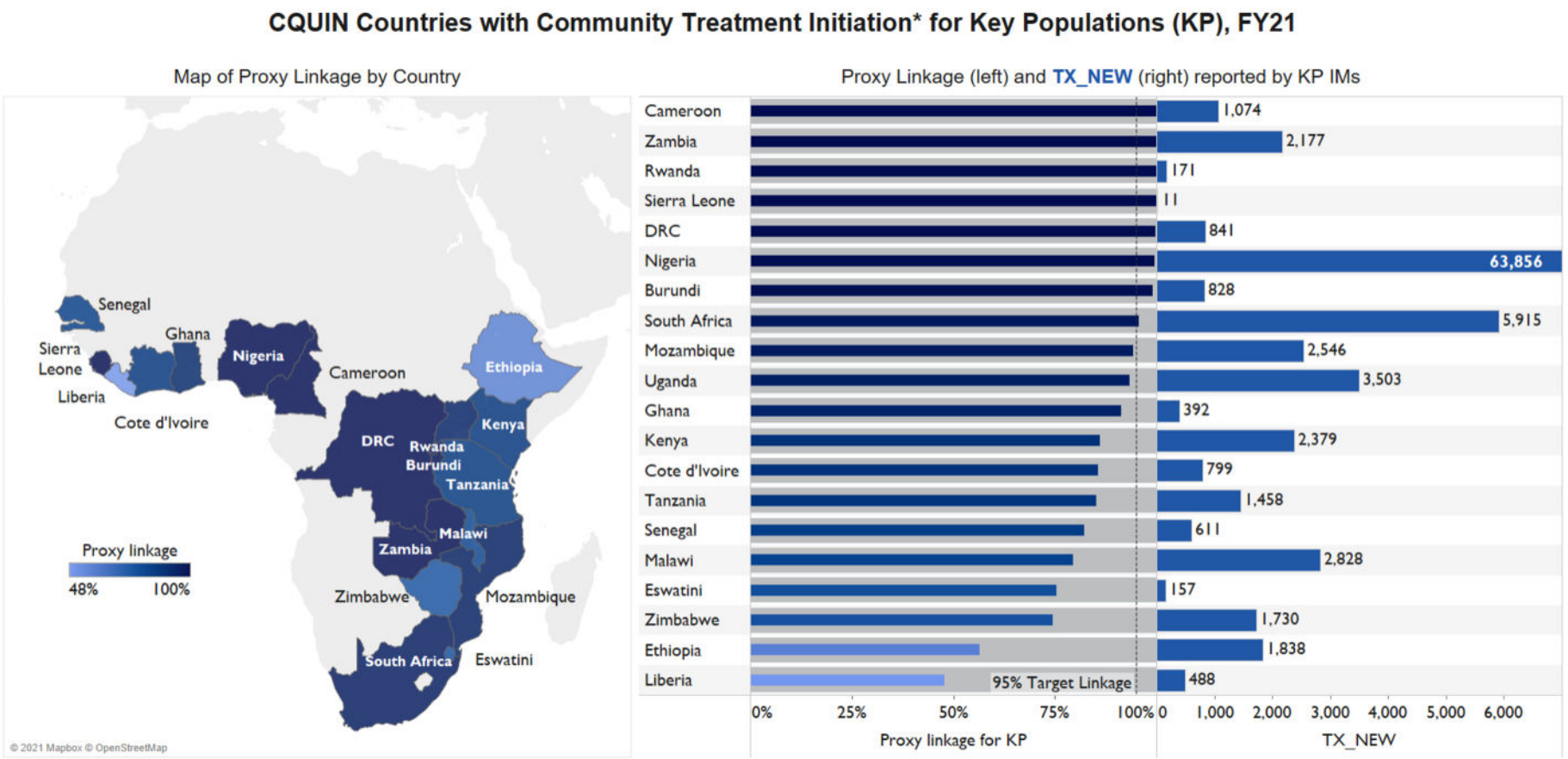


Task shifting for ART delivery

Trained and supervised lay providers can distribute ART to adults, adolescents (including those who are members of key populations) and children living with HIV.

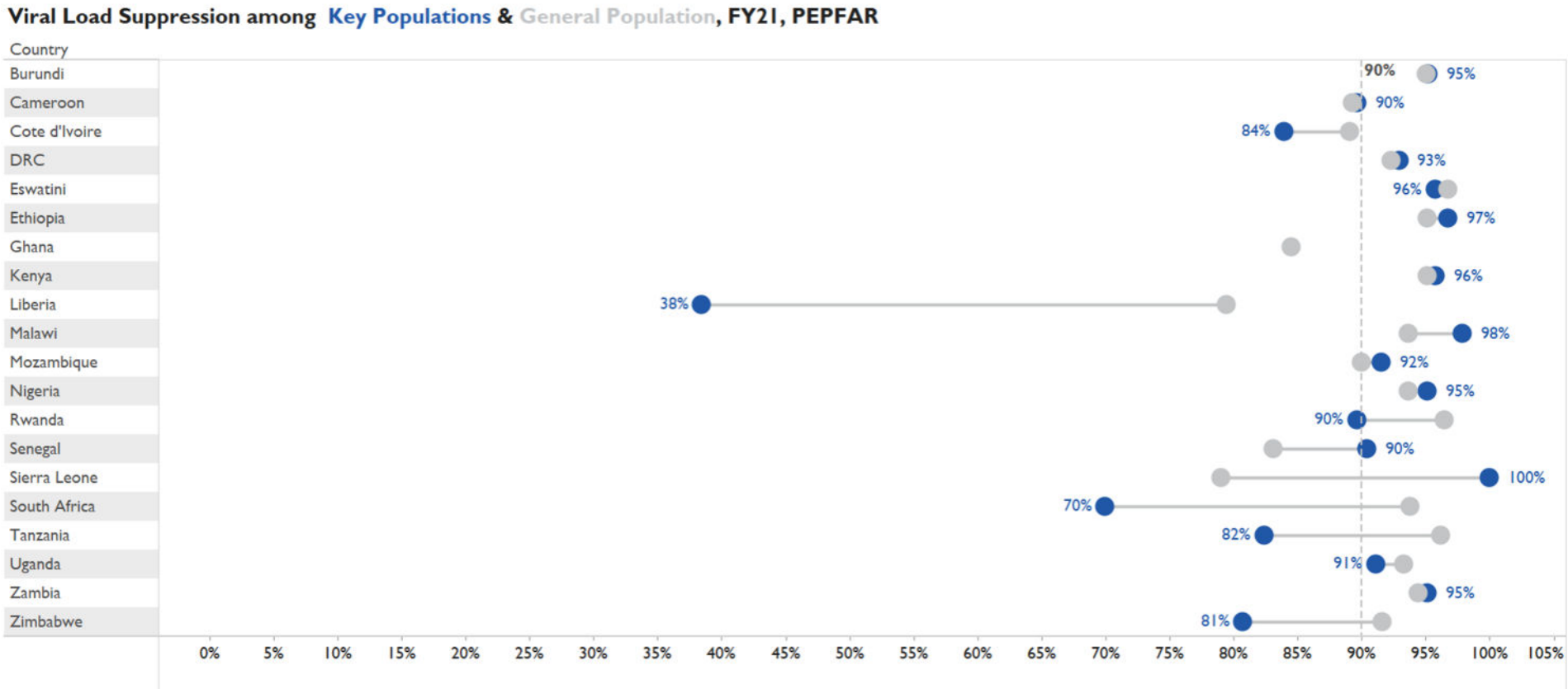
- Trained non-physician clinicians, midwives and nurses can initiate first-line ART.
- Trained non-physician clinicians, midwives and nurses can maintain ART.
- Trained and supervised community health workers can distribute ART between regular clinic visits.

CQUIN Countries largely have KP DSD Models for TX:

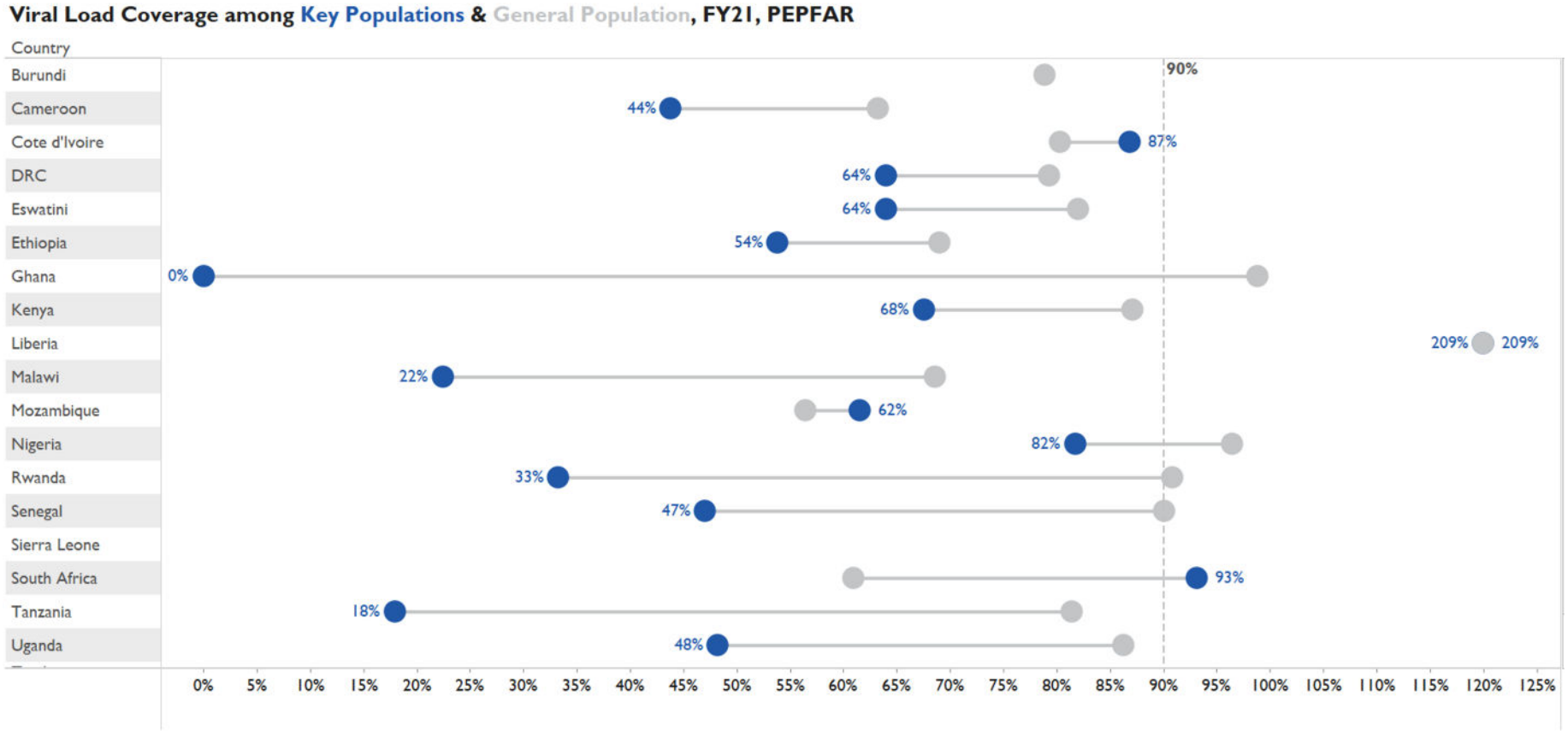


*Results show data only for mechanisms which provide testing and community treatment initiation for KP

PEPFAR KP Programs (blue) Show Strong VLS Relative to All Other Populations (grey)



PEPFAR KP Programs (blue) Show Low VLC Relative to All Other Populations (grey)



KP DSD Models of Care - by provider

Integrated

KP Services in Facilities/Hospitals

- Flexible hours/ weekends
- separate room, specially trained providers, more integrated STI
- Linked closely with outreach teams for routine medical check up (RMC)
- MoU agreements to share data with outreach teams to track TX NEW VERIFY

Drop in Centers

DIC's, OSS or PuP operated by KP led / competent CBOs

- TX Initiation driven through KP competent or led CBOs
- Safe space, social support, specific KP groups/ages
- Mobile Options - in hotspots
- Initiation can be in community and linked back to ART site
- Referrals to lab system/ DBS for VL testing
- Integrated and specialized services
- Trusted tracking

Private Providers

Pharmacies, Vouchers, Referrals

- After case identification a client might ask for a referral to a private /community clinic for ART or PrEP pick up or for VLT
- Convenient to home/ work and not KP specific
- Option for hidden MSM, willing to pay for service
- Offers one component of service needed

Home Delivery

Extending Outreach (COVID)

- Inaccessible and overburdened health facilities extend services through new delivery systems
- ARVs and PrEP are delivered in parallel to outreach system
- At scale a system approach can decant clients and ensure continuity

Online: outreach, Connect services, appointment booking, reminders, results and motivation

KP: Differentiated by Service Type

Clinical (quarterly) and lab

- HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (not quarterly for testing but HIVST can help)
- VL Testing and results
- Other services: FP, TB, GBV, alcohol and substance screening

Commodities

- HIV TX MMD 3 or 6 months consistent with all other populations
- Condom and lubricant, needle and syringe uninterrupted
- PrEP, HIVST, STI tests and STI, viral hepatitis TX, OST/OAMT meds

Community

- Peer/ outreach support (behavioral, counselling, violence, alcohol/ drug use)
- Social service linkage, legal support/ training, structural interventions, CLM

KP: Differentiated by Population

- WHO is outlining population specific guidance for each KP
- Disclosure of HIV status and sexuality shared with trusted staff / peers
- Integrated services, decentralized, task shifting
- KP should have role in clinical staff and among outreach staff.
- Intake and follow up must take place on different risk factors, STI symptoms and treatment(s) (anal or asymptomatic in women), hormone treatments, family planning, NCDs, PrEP, types of sexual violence, substance use and harm reduction, mental health.
- Person centered care that is safe, accepting, promotes sexual health, gender affirming care and helps KP overcome barriers that stop them from coming in.
- Data with status must be confidential, protected, linked to EMR, community programs can facilitate reporting to track coverage.