

From guidelines to reality – Implementing the World Health Organization (WHO) 2021 service delivery recommendations

A two-part webinar series

Session 1: Extending eligibility for people established on ART

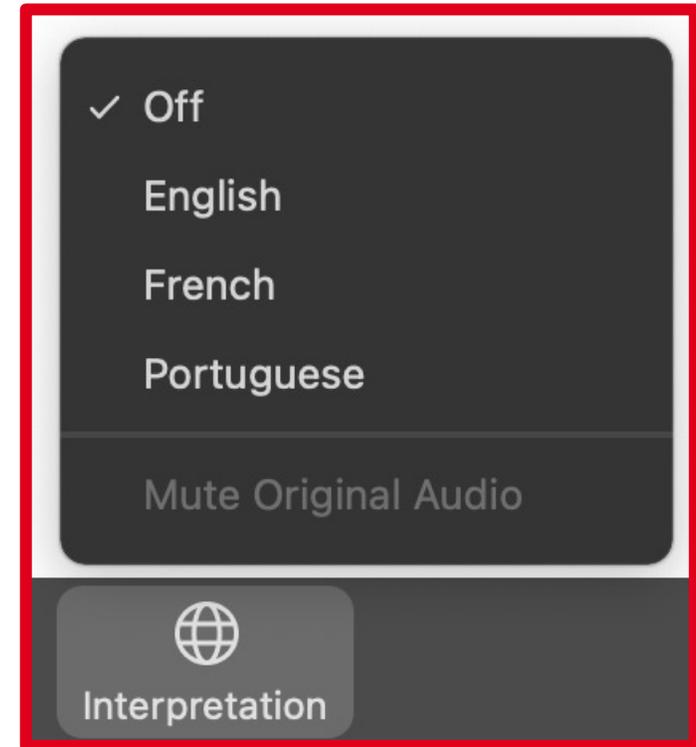
- Veuillez saisir votre nom, votre organisation et votre adresse électronique dans la boîte de discussion
- Si vous souhaitez rejoindre le groupe CQUIN sur WhatsApp, veuillez également ajouter votre numéro de téléphone 🙄
- Veuillez poser vos questions aux panélistes dans la boîte à questions et réponses

- 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

- Por favor, digite o seu nome, organização e endereço de e-mail no chat
- Se quiser juntar-se ao grupo CQUIN WhatsApp, adicione também o seu número de telefone. 🙄
- Por favor, faça perguntas aos painelistas na caixa de Q&A

Welcome / Bienvenue / Bem-vindos

- 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 <> en bas de votre écran Zoom.
- Certifique-se de ter selecionado o idioma à sua escolha usando o menu de interpretação na parte inferior do seu ecrã



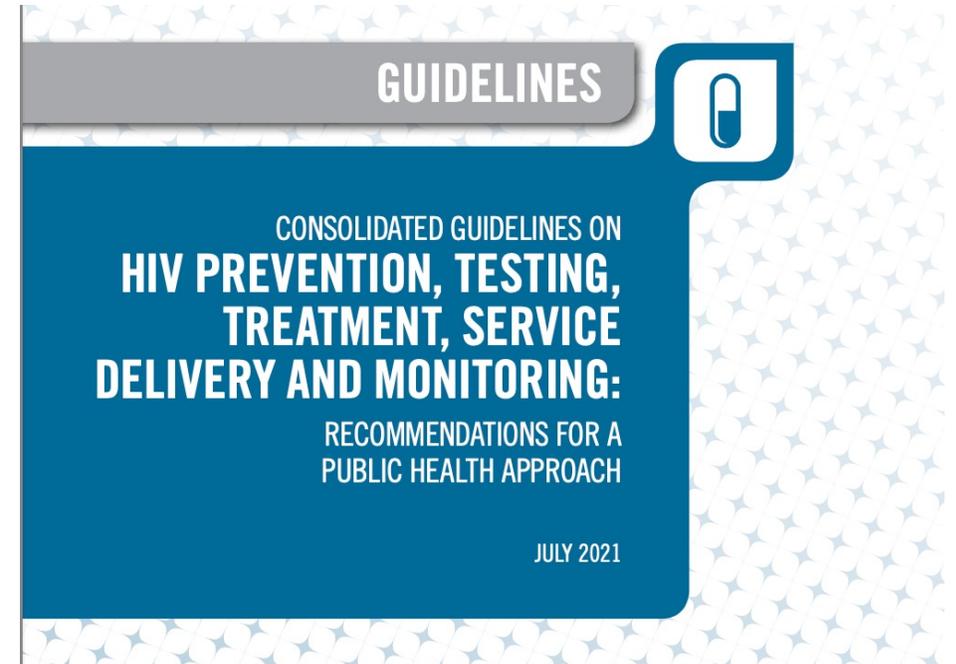
Agenda

Time	Title	People
5 MINS	WELCOME AND INTRODUCTION POLL	PETER PREKO, ICAP/CQUIN, ESWATINI
55 MINS	PRESENTATIONS	
	<ul style="list-style-type: none"> The updated WHO criteria for “established on ART” 	Billy Doroux Aristide Charles, WHO, Switzerland
	<ul style="list-style-type: none"> Perspective from a ministry of health – What do the changes to “established on ART” mean for your programme 	Lazarus Momanyi, NASCOP, Kenya
	<ul style="list-style-type: none"> Early experiences in reducing the time to eligibility for DSD for HIV treatment: data from Zambia 	Lise Jamieson, HE ² RO, South Africa
	<ul style="list-style-type: none"> Extending multi-month dispensing to pregnant and breastfeeding women, children and adolescents and those on second-line in Ethiopia 	Mirtie Getachew, MoH, Ethiopia
	<ul style="list-style-type: none"> DSD for people on second-line antiretroviral therapy: Evidence from KwaZulu-Natal, South Africa 	Jienchi Dorward, CAPRISA, South Africa
	<ul style="list-style-type: none"> Summary of opportunities with an expanded definition of “established on ART” 	Anna Grimsrud, IAS, South Africa
30 MINS	PANEL DISCUSSION Moderated by session chair (Peter Preko)	Martin Ellie (Network for HIV Positives in Sierra Leone (NETHIPS), Sierra Leone) and presenters

Poll on policies— In your country...



Service Delivery and Differentiated Service Delivery for HIV treatment recommendations



The updated WHO criteria for established on ART

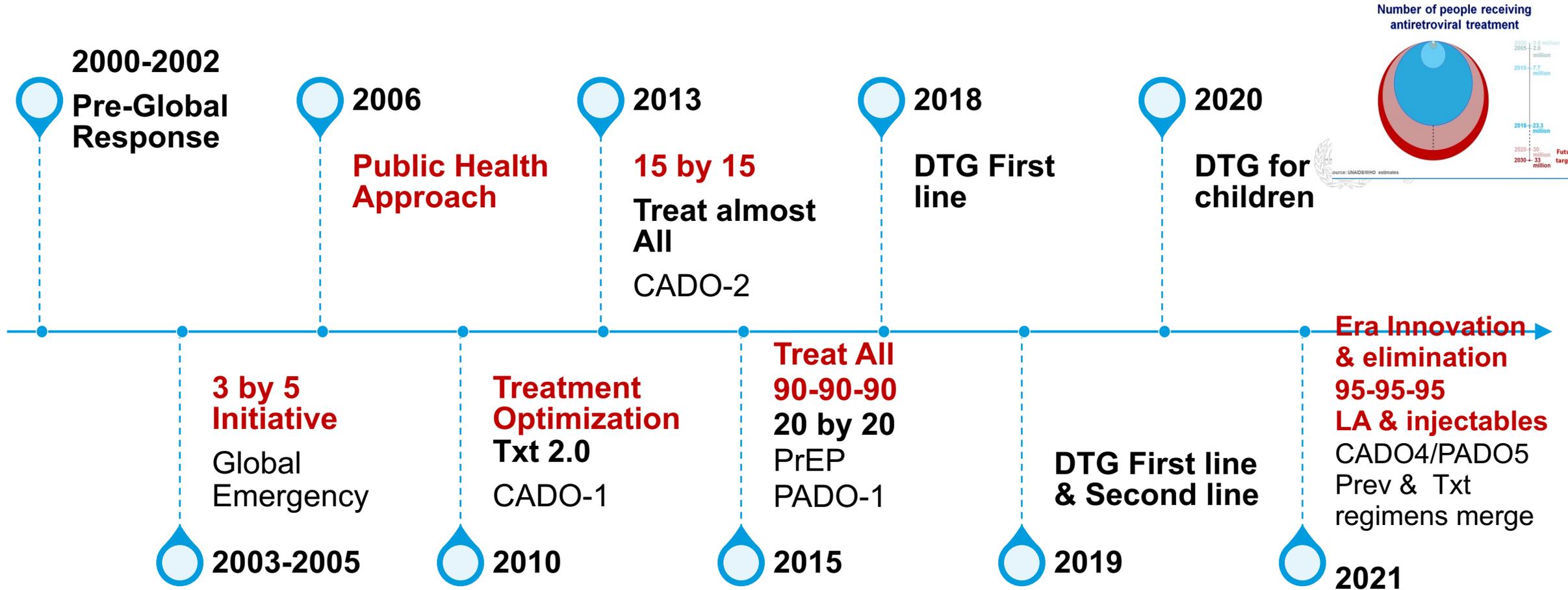
Wednesday 3 November

Doroux Aristide Charles BILLY (DSD SI WCA – ART and AHD) - Global HIV, Hepatitis, STIs Programmes - World Health Organization

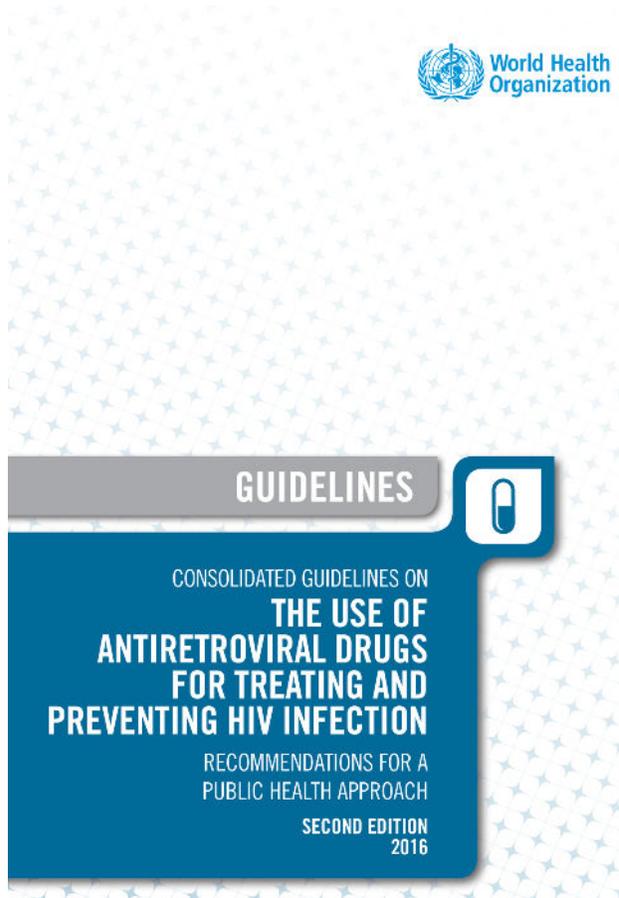
From 200,000 to 27.5m PLHIV on ART in 20 years?



Evolution of WHO Global ARV Treatment Recommendations



In 2016, WHO recommended treat all and “differentiated care” for people “stable” on ART

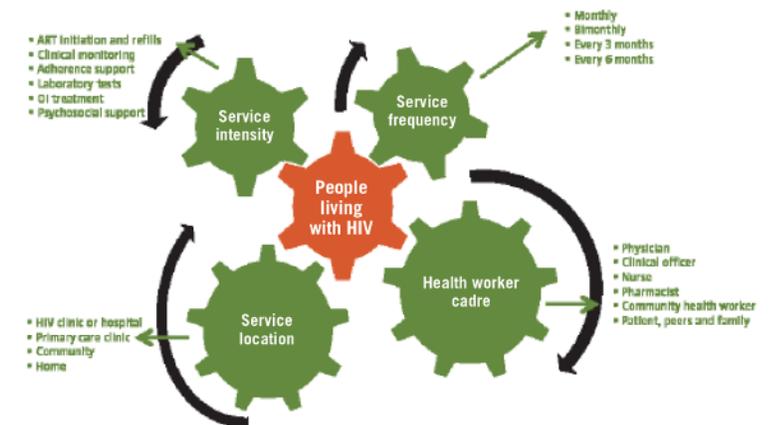


SERVICE DELIVERY

6

6.1	Introduction	238
6.2	Differentiated care	239

Figure 6.1. Key factors in differentiated approaches to HIV care (5)



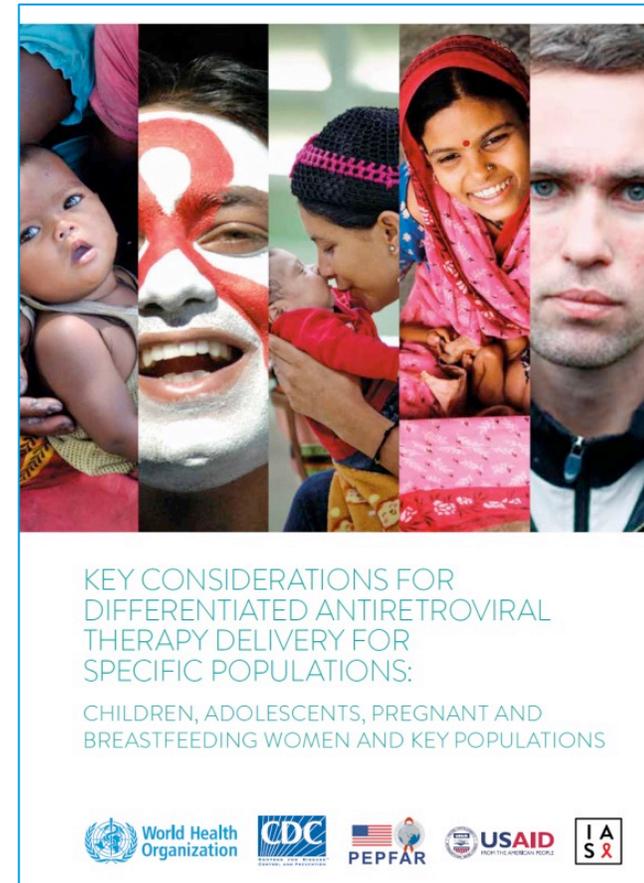
Definition of “stable on ART” in 2016

People were defined as stable on ART according to the following criteria:

- on ART for at least **1 year**,
- no current illnesses **or pregnancy**,
- good understanding of lifelong adherence and
- evidence of treatment success (**two consecutive viral load measurements** below 1000 copies/mL).
- In absence of VL, rising CD4 cell counts or CD4 above 200 could be used to indicate treatment success

2017 key considerations – DSD for children, adolescents and key populations

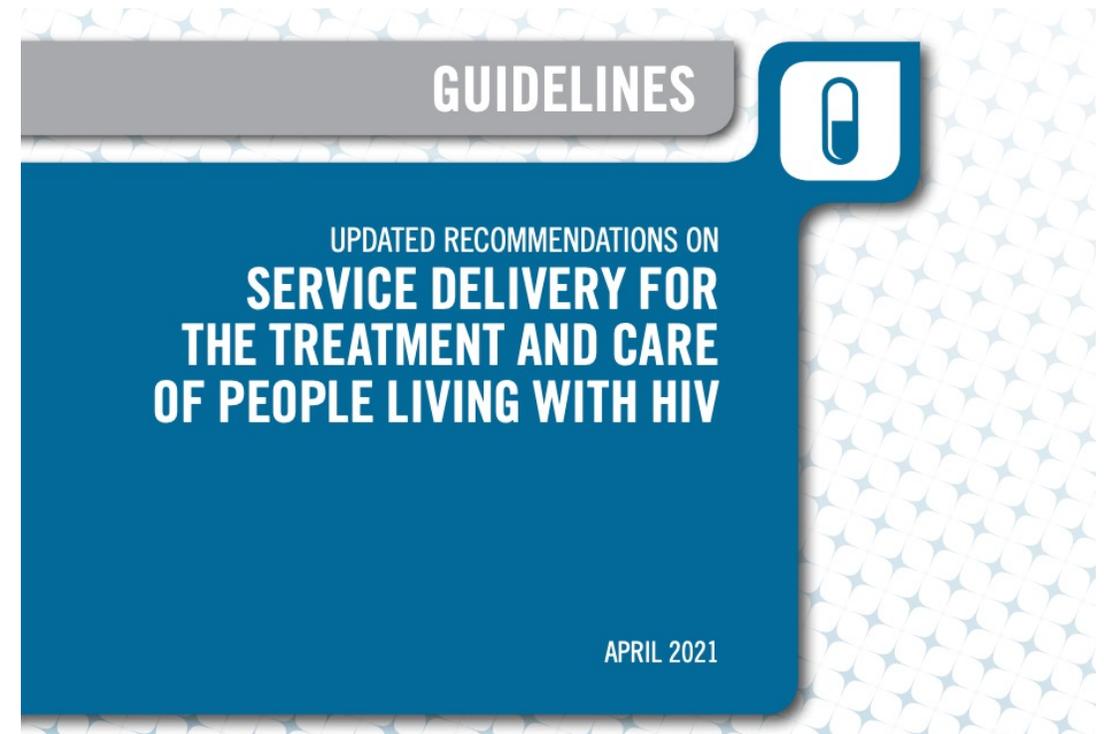
- Guidance for DSD for children and adolescence was not clear in WHO 2016 guidance resulting in poor uptake in national programmes
- Key considerations 2017 stated:
 - Clinically stable ART delivery is suitable for children who are at least two years old
 - The criteria that define a clinically stable adult are also appropriate for adolescents



Latest Service Delivery Recommendations

**March 2021, Updated
recommendations on
service delivery for the
treatment and care of
people living with HIV**

**Included in July 2021
Consolidated Guideline**



Criteria for determining whether a person is "established on ART" (1)

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



- receiving ART for **at least six months**;
- **no current illness**, which does not include well-controlled chronic health conditions;
- good **understanding of lifelong adherence**: adequate adherence counselling provided; and
- **evidence of treatment success**: at least one suppressed viral load result within the past six months (if viral load is not available: CD4 count >200 cells/mm³ or CD4 count >350 for children 3-5 years or weight gain, absence of symptoms and concurrent infections).

 **INCLUDES** all populations established on ART:

- Individuals receiving second- and third-line regimens
- People living with HIV and controlled comorbidities
- Children and adolescents
- Pregnant and breastfeeding women
- Key populations

Specific criteria for pregnant and breastfeeding women

Box 7.4 Additional eligibility criteria specific to pregnant and breastfeeding women for accessing differentiated ART delivery models outside clinic care

- **Women clinically established on ART when conceiving:** already accessing the differentiated ART delivery model plus at least one viral load test of <1000 copies/mL in the past three months and accessing antenatal care.
- **Women initiating ART during pregnancy:** since a woman initiating treatment during pregnancy will only become eligible to enter a differentiated ART delivery model in the postpartum period, an HIV-negative result for her infant with a NAT at six weeks and evidence of accessing infant follow-up care are additional requirements.

th
on

Summary – change in eligibility

	2016	2021
Term	Stable	Established on ART
Time on ART	12 months on ART	6 month on ART
Inclusion of pregnant women	Pregnant women excluded	Pregnant women included
Inclusion of children and adolescents	Children and adolescents included	Children and adolescents included
Regimen	Second and third line not explicitly stated	Any ART line included
Viral load / evidence of treatment success	Two consecutive viral loads <1000 copies/ml	At least one viral load <1000 copies/ml in last 6 months

 ath
tion

**Thank you, Asante Sante,
Merci, Obrigado**

WHO

20, Avenue Appia
1211 Geneva

Switzerland

Early experiences in reducing the time to eligibility for DSD for HIV treatment: Data from Zambia

Lise Jamieson
Health Economics and Epidemiology Research Office
(HE²RO)

Background

- Current UNAIDS targets propose 95% antiretroviral treatment (ART) coverage among those living with HIV who know their status by 2025
 - Retention in ART programmes is a critical element
- Sub-Saharan African countries have an estimated a loss to follow-up rate of 8.5% (by one year) and 18.5% (by five years) of ART (*Haas et al, 2018*)
- Newly initiated ART patients are at an increased risk of being lost to care
 - A Zambian study showed loss to follow-up rates are 4-fold higher in the first 6 months of ART compared to >6-36 months period thereafter (*Schöni-Affolter, 2011*)

Differentiated service delivery (DSD) models for HIV treatment

- Increase ease of access and remove barriers to care; more person-centered approach
 - Differ to conventional facility-based care by one or more: cadre of provider, location, frequency of clinic visits and types of services
- Systematic review of 37 DSD models in 11 sub-Saharan African countries found that retention in DSD models was within 5% of that for conventional care (*Long et al 2020*)
- DSD model guidelines eligibility criteria: patients “stable” on ART or “established in care” for at least 6 or 12 months
 - INTERVAL trial in Malawi and Zambia: 10% of all patients excluded from DSD due to having <6m of ART
 - But in our data that was not always followed....

Study population and outcomes

- Retrospective medical record review (electronic system SmartCare)
- 563 health facilities, across all 10 provinces in Zambia
- N=88,556 adults (15+ years) enrolled in DSD models (Oct'19-Mar'20)
 - Excluded those on second-line ART
- Outcome: loss to follow-up (LTFU) within 12 months of DSD enrolment (defined as inactive/LTFU between 9-15 months)
- Compared LTFU across DSD models and dispensing periods
- On ART <6 and 6-12 months vs on ART >12 months at DSD entry
- Estimate risk ratios of LTFU using log-binomial model, adjusting for age, sex, urban/rural, dispensing period



Overview of DSD models in Zambia

DSD model type	Model(s)	Description
Adherence groups	Community adherence groups	Patient groups (± 6 members) meeting every 1-3 months outside clinics. Members collect ART at clinical appointments for other members in a rotating fashion.
	Rural and urban adherence groups/clubs	Patients groups (20-30 members), meeting every 2-3 months; facilitated by health care worker or facility-based volunteer, also providing pre-packaged ART.
Extended clinic hours	Before/after-hours models, weekend models, scholar models	Clinical visit/collect ART outside the conventional operation times at the facility.
Fast-track	Fast-track	Separate, shorter queue to dispense ART at the facility
Home ART delivery	Home ART delivery	Trained community health workers (CHWs) linked to facilities conduct home visits to deliver ART, conduct health screening, monitor adherence and referrals
Multi-month dispensing	Multi-month dispensing	Facility-based, dispensing ART for a longer duration (usually 3 or 6 months).
Community medication pick-up points	Central dispensing units	ART packed at central hub and distributed at multiple approved pick-up points. Clinical visits occur every 6 months at the health facility.
	Community ART distribution points, Community retail pharmacies, Health posts	ART refills are provided to patients outside of health facilities, eg. schools, churches, community centers, community retail pharmacies and health posts.
	Mobile ART distribution models	Clinical outreach team does 3-monthly clinical assessments at community distribution points. This model is usually used for hard-to-reach areas.

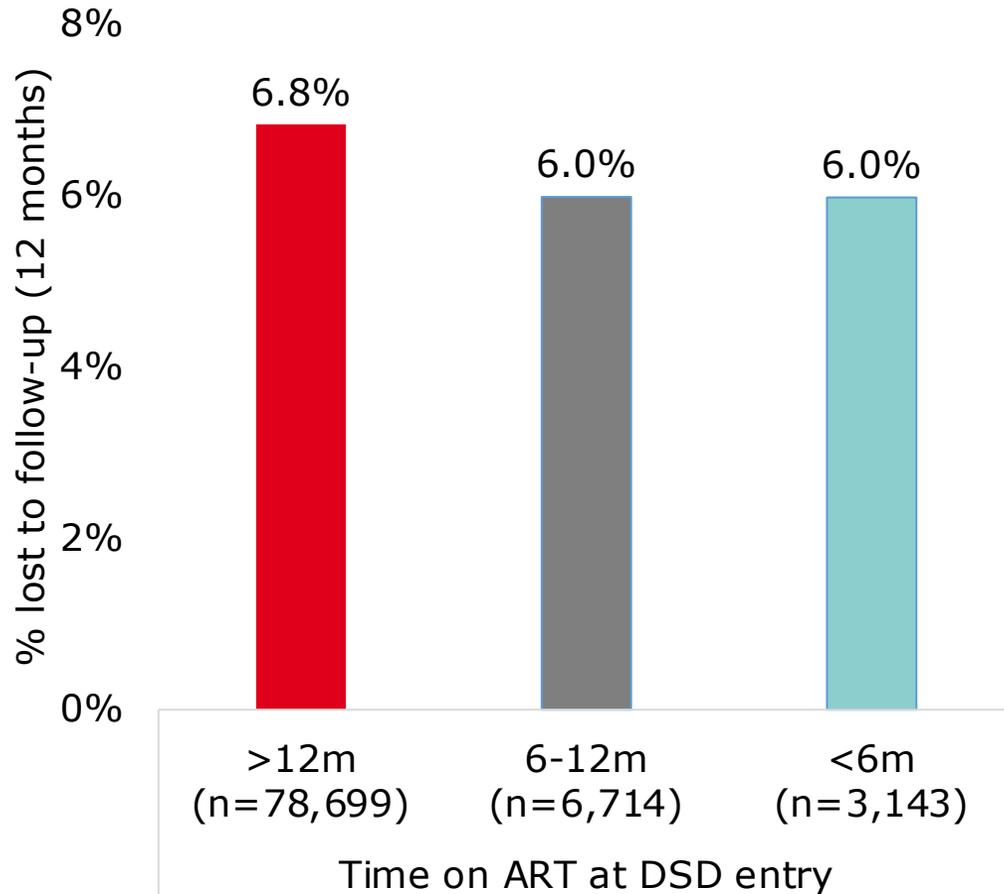
Patient characteristics

		Total (N=88,556)	≥12m ART (N=78,699)	6-12m ART (N=6,714)	<6m ART (N=3,143)
Sex	Female	64%	65%	61%	62%
	Male	36%	35%	39%	38%
Age group	15-24	4%	3%	9%	11%
	25-34	18%	16%	29%	32%
	35-49	52%	52%	46%	42%
	50+	26%	28%	17%	15%
Urban/ Rural	Rural	22%	21%	26%	28%
	Urban	78%	79%	74%	72%
DSD model	Adherence groups	5%	5%	2%	2%
	Extended clinic hours	1%	1%	1%	1%
	Fast-track	39%	41%	24%	19%
	Home ART delivery	1%	0%	1%	2%
	Multi-month dispensing	49%	47%	66%	64%
	Community medication pick-up points	7%	7%	6%	11%

“Early enrollers” (<6m and 6-12m ART) **are younger**

“Early enrollers” (<6m and 6-12m ART) **more in MMD**

Loss to follow-up at 12 months

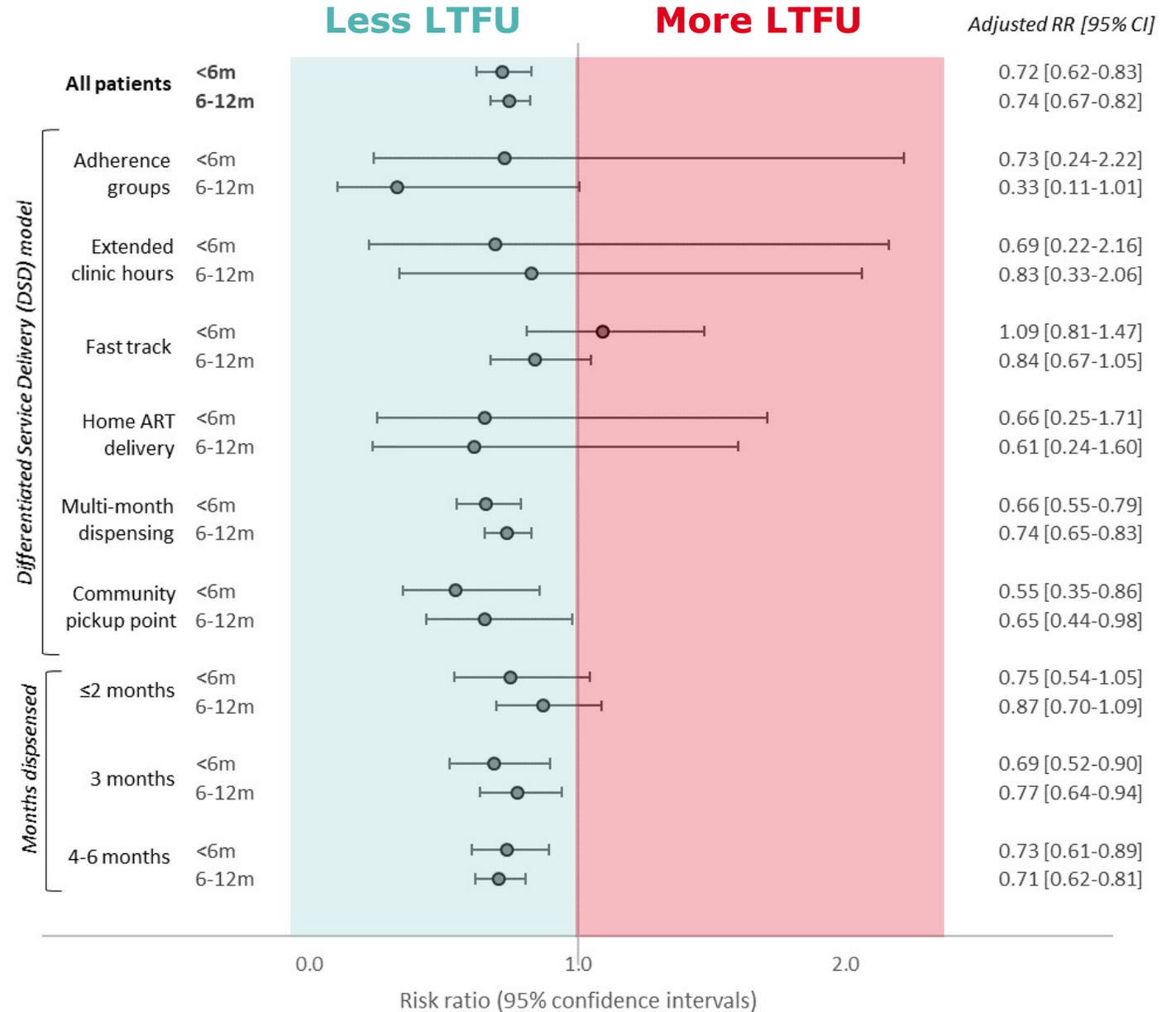


	<i>Time on ART at DSD entry</i>		
	>12m	6-12m	<6m
By DSD model			
Adherence Groups	6.0%	2.0%	5.0%
Extended Hours	8.4%	8.8%	7.0%
Fast-track	5.0%	5.0%	8.0%
Home ART Delivery	9.5%	7.2%	7.4%
Multi Month Dispensing	8.0%	6.0%	6.0%
Pickup Point	8.0%	6.0%	5.0%
By months ART dispensed			
<2 months	16.0%	14.0%	12.0%
3 months	8.0%	6.0%	6.0%
4-6 months	6.0%	5.0%	5.0%



Relative LTFU risk

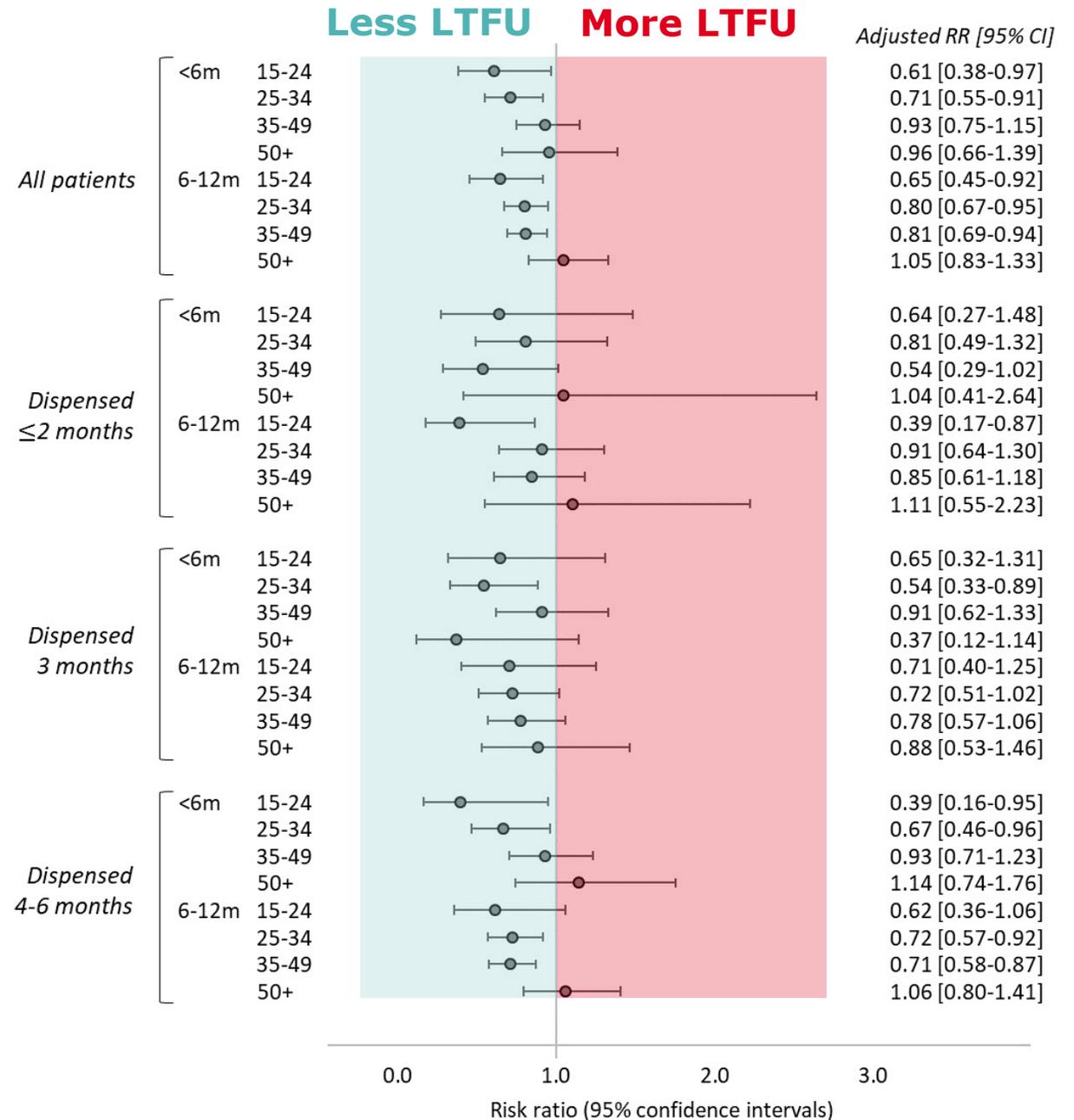
- Reference group: patients on ART >12m at DSD entry
- Overall, patients on **ART <12 months are 26-28% less likely** to be LTFU
- Seen across most DSD models **except Fast Track <6m ART**





Relative LTFU risk – by age

- Reference group: patients on ART >12m at DSD entry
- Lower risk of LTFU in “early DSD enrollers” persists across age groups and dispensing period
- Those on ART <12 months less or equally likely to be LTFU compared to those on ART >12 months at DSD entry



Conclusions

- Patients on ART for <6 months and enrolled into DSD models, can be successfully retained in care
- Some DSD model types may work better than others, such as those with multi-month dispensing
 - *Other DSD models may have too few data to draw conclusions*
- Likely selection bias; behavioural factors which have not been accounted for that make these patients fundamentally different
 - *Does not detract from the fact that DSD models do work for some!*

Acknowledgements

- Bill and Melinda Gates Foundation
- Ministries of Health and study sites in Zambia
- Clinton Health Access Initiative (CHAI), Zambia
- Other BMGF DSD projects, including CQUIN and IAS

Find us at sites.bu.edu/hiv and sites.bu.edu/ambit





 **IAS 2021**



Expanding eligibility to increase access to DSD for HIV treatment in Ethiopia

The Phoenix rises: How COVID-19 has accelerated differentiated service delivery for HIV treatment

Mirtie Getachew

Federal Ministry of Health, Ethiopia

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:

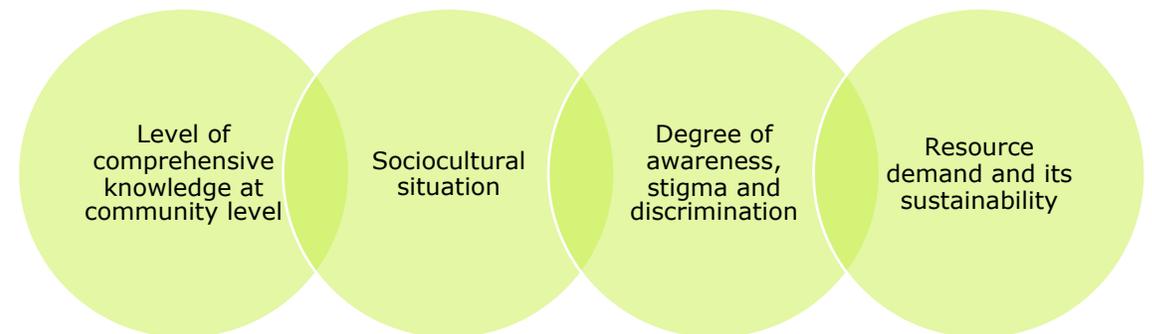
To accommodate the needs of increasing numbers of individuals on ART

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](#).



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA
የዚያቸ ጤና ለማር ብልጽግና!

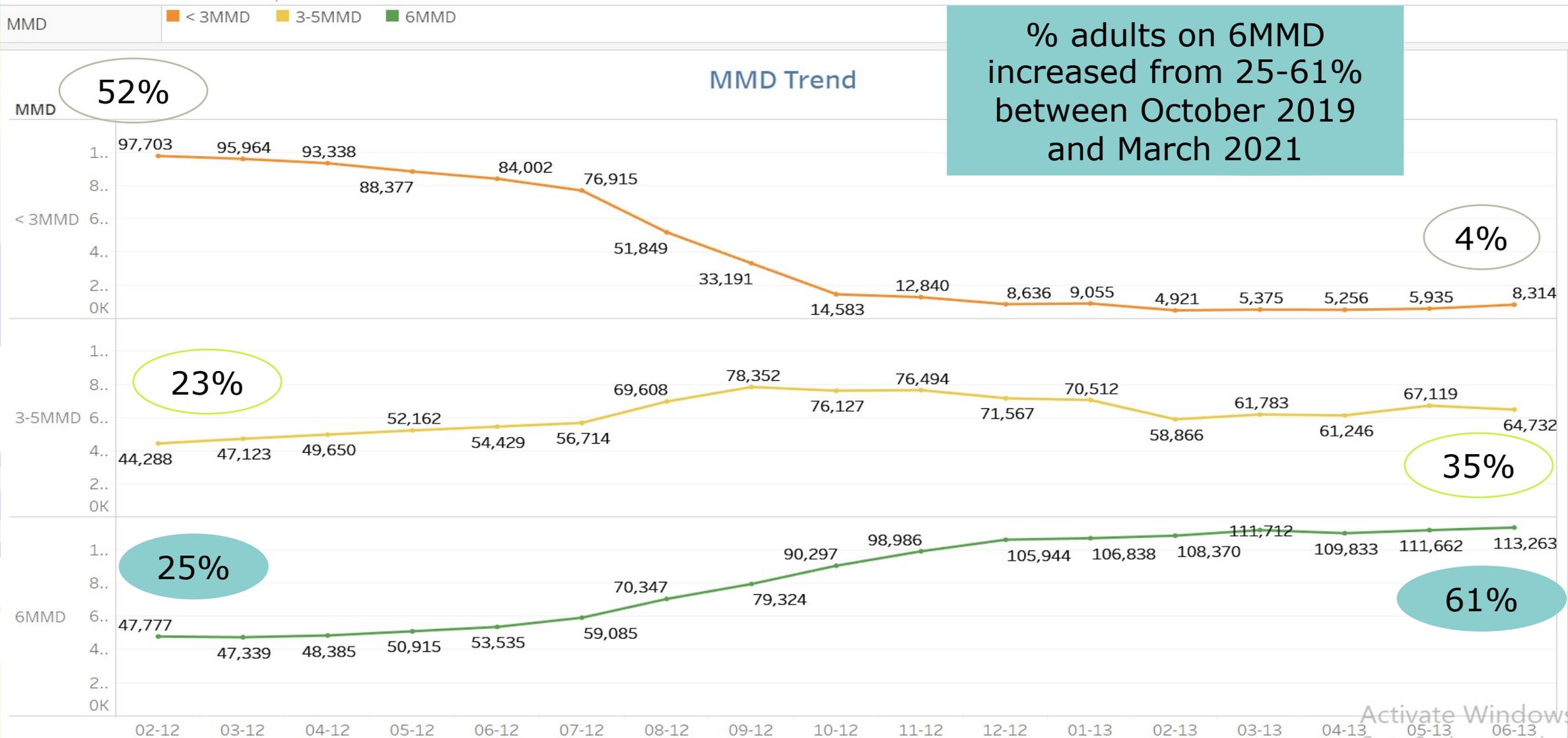
Interim Guidance for Provision of HIV Services in the context of COVID-19 Pandemic in Ethiopia

Second Edition

May, 2020
Ministry of Health

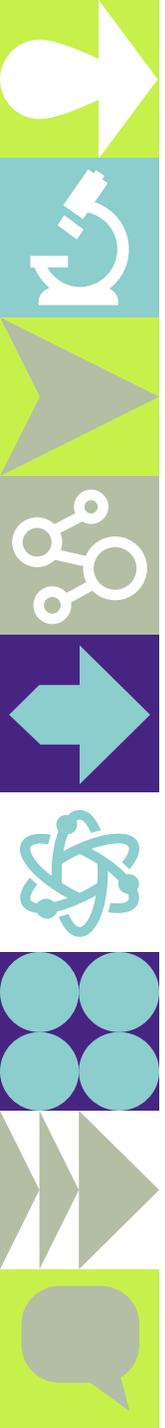
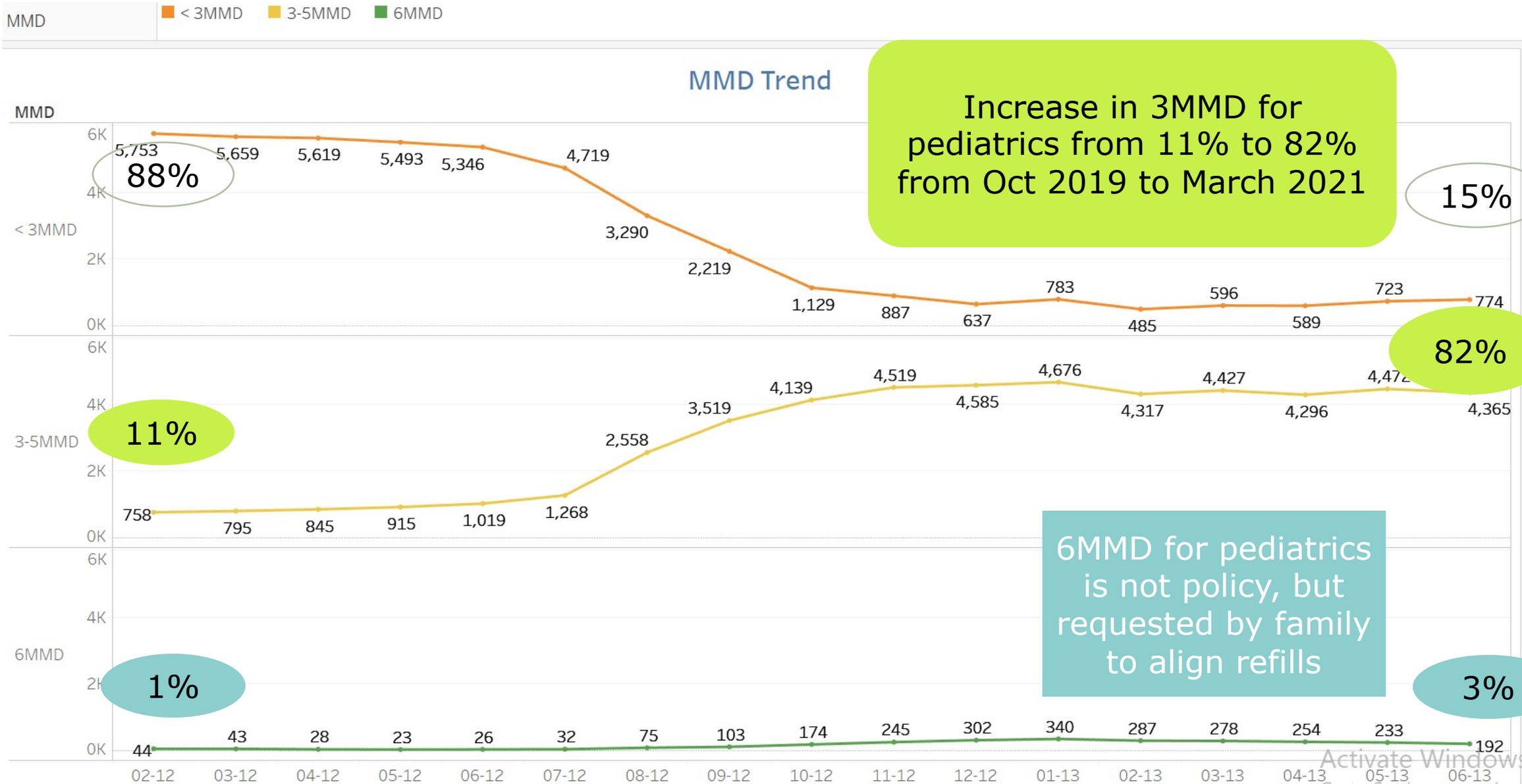
Adult MMD-Rapid expansion of 6 MMD and 3 MMD from October FY/19-March FY/21

Data Source: (PTQIT)

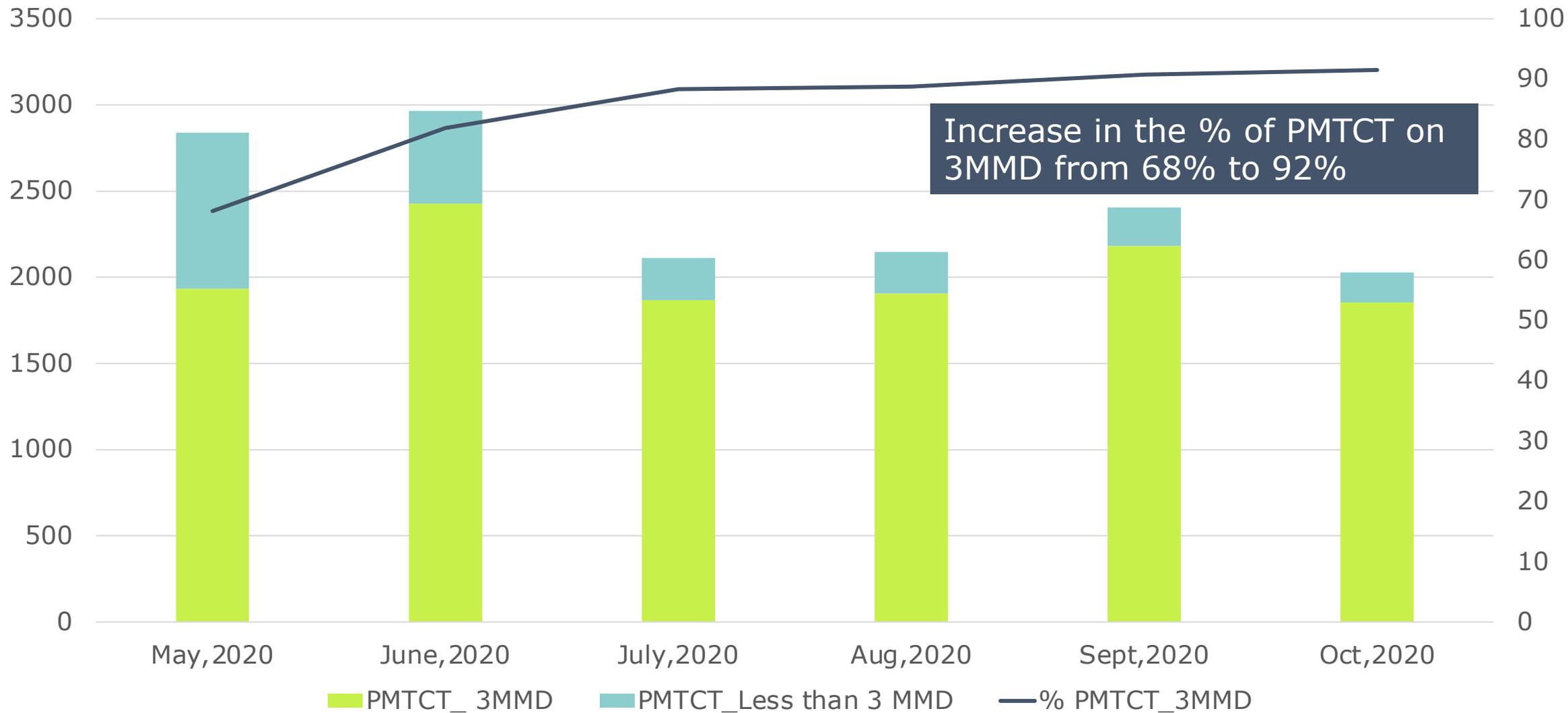


Pediatrics MMD-Rapid expansion of 6 MMD and 3 MMD from October FY/19-March FY/21

Data Source: (PTQIT)



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

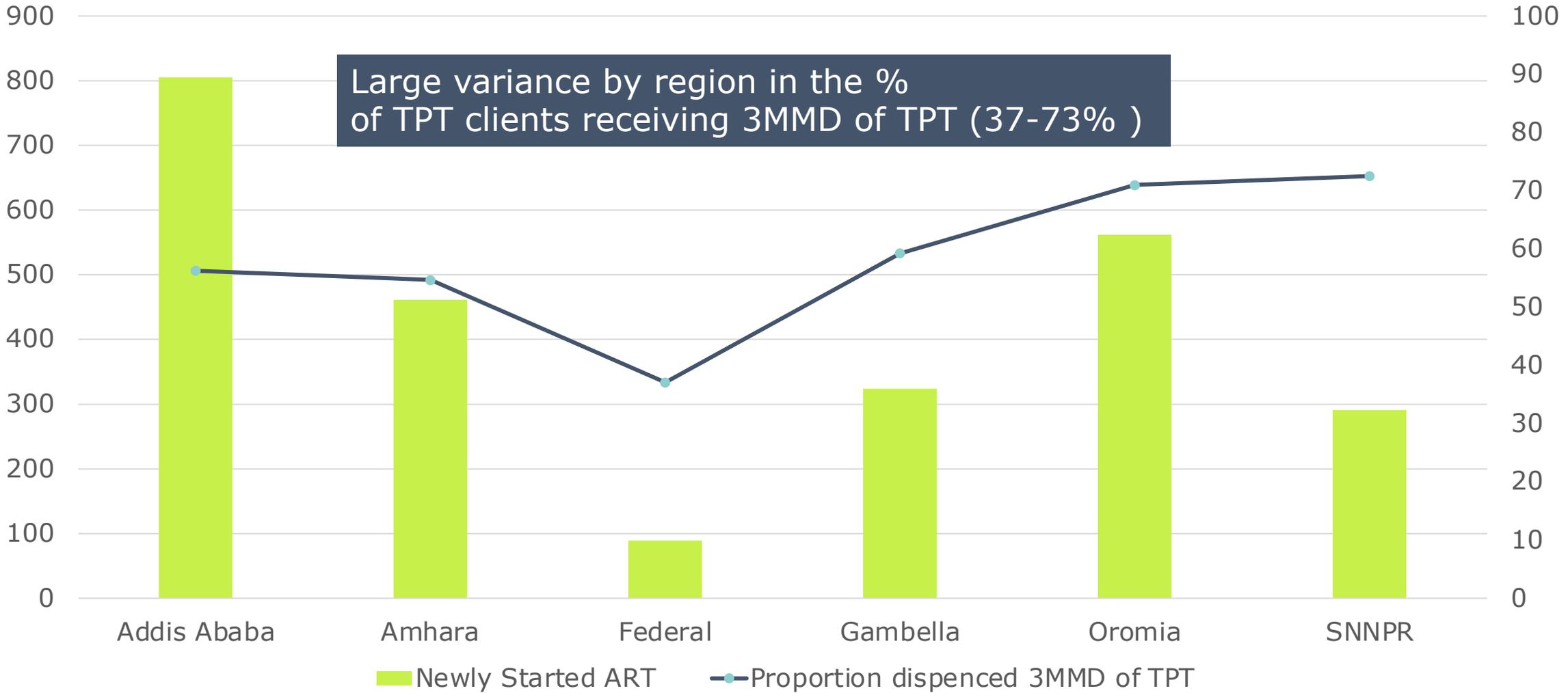




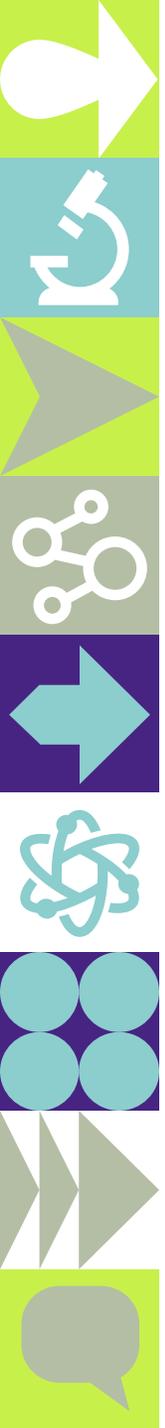
IAS 2021
18-21 July

MMD of TPT

May 2020 – Sept 2020, from 114 HFs



Large variance by region in the % of TPT clients receiving 3MMD of TPT (37-73%)



3-MMD for newly initiated clients

67-96% of new clients now received 3MMD

Trend of 3MMD among Clients newly Initiated on ART



May	May	May	June 25	June	July 8	July 15
-----	-----	-----	---------	------	--------	---------

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

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

Differentiated service delivery for people on second-line antiretroviral therapy: Evidence from KwaZulu-Natal, South Africa

*Lewis L, Sookrajh Y, Gate K, Khubone T, Maraj M, Mkhize S,
Hermans LE, Ngobese H, Garrett N, Dorward J[§]*

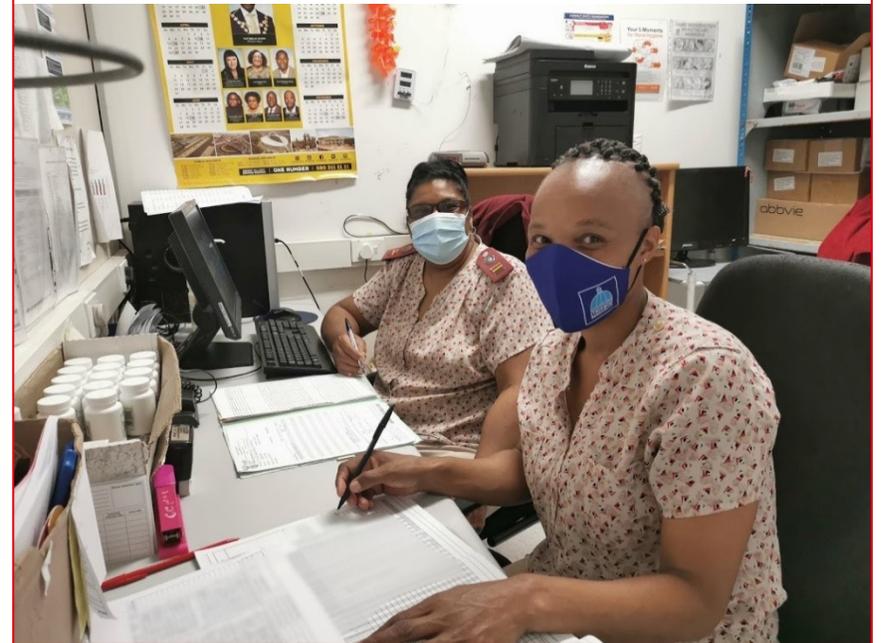
§Jienchi Dorward

Clinical Research Fellow in Primary Healthcare, University of Oxford, UK
Honorary Associate Scientist, CAPRISA, Durban, South Africa
jienchi.dorward@phc.ox.ac.uk

Background

- People living with HIV who are receiving second-line antiretroviral therapy (ART) have not always been included in differentiated service delivery (DSD) programmes, and there is little data evaluating their outcomes.
- South Africa implemented a community-based differentiated ART delivery programme in 2016, which included people receiving second-line ART and with viral suppression
- We aimed to assess treatment outcomes among people on second-line ART in a community delivery programme, compared to those who remained at clinics

Nurses working in a South African community ART delivery program



Methodology

- Retrospective cohort study of people receiving second-line ART and *eligible** for community ART delivery, between October 2016 and December 2018
- Routinely collected data from 61 primary care clinics in South Africa
- Multivariable logistic regression models to compare attrition and viraemia at 12 months among those referred for community ART versus those who remained in clinic care

*Two suppressed viral loads ≥ 6 months apart, stable on ART regimen for ≥ 12 months, clinically stable

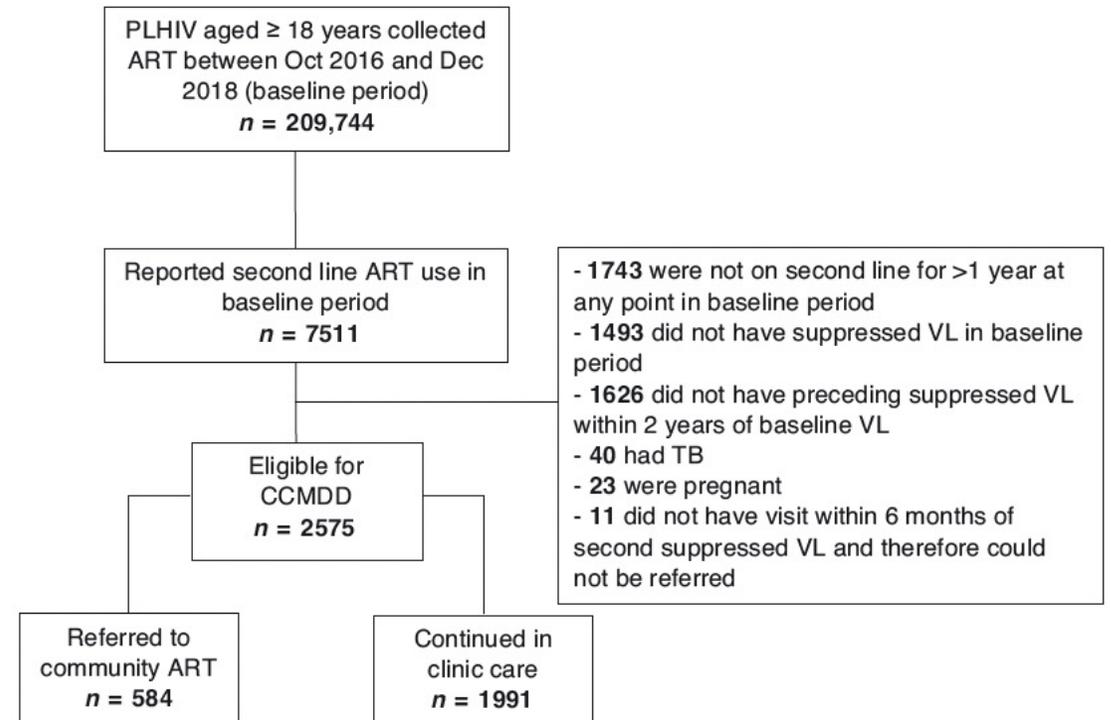
Figure 1: Map of clinic areas



Results

- 2,575 people on second-line ART and potentially eligible for community ART delivery
- Median age 39.0 years (IQR 34.0-45.0), 1,670 (64.9%) were women.
- 584 (22.7%) were referred for community ART within 6 months of meeting eligibility criteria

Participant flowchart





Baseline & follow-up characteristics, split by referral for community ART (n=2,575)

		Referred to community ART programme (n=584)	Continued at clinic (n=1,991)
Baseline characteristics			
Age, median (IQR)		39(35-45)	39(34-45)
Gender, n(%)	Female	384(65.8)	1286(64.6)
District, n(%)	Urban	540(92.5)	1849(92.9)
Year of baseline observation, n(%)	2016	30(5.1)	310(15.6)
	2017	309(52.9)	977(49.1)
	2018	245(42.0)	704(35.4)
Second-line protease inhibitor	Lopinavir/ritonavir	581(99.5)	1980(99.5)
	Atazanavir	3(0.5)	11(0.5)
NRTI backbone [†]	Tenofovir	165(28.2)	514(25.8)
	Zidovudine	377(64.6)	1315(66.1)
	Abacavir/Other [‡]	42(7.2)	162(8.1)
Months on second-line ART, median (IQR)		28.5(18-50)	26(16-45)
Months since viral load measure preceding baseline viral load, median (IQR)		11(8-13)	11(8-13)
Most recent CD4 count at baseline, median (IQR)		449(260-622)	385(237-555)
Most recent CD4 count at baseline, n(%)	<=200	34(11.3)	176(15.8)
	201-350	70(23.2)	277(24.9)
	351-500	55(18.3)	272(24.4)
	>500	142(47.2)	389(34.9)
	Missing	283	877
Months since most recent CD4 count at baseline, median (IQR)		9(0-15)	9(0-15)
Follow-up characteristics			
Months to viral load follow-up measurement, median (IQR)		12(11-12)	12(11-12)
Missing viral load follow-up value, n(%)		87(14.9)	350(17.6)

[†]Tenofovir typically combined with emtricitabine, zidovudine and abacavir typically combined with lamivudine [‡]All but 2 clients were on Abacavir

Results

- In this cohort of people established on second-line and eligible for community ART delivery:
 - Attrition at 12 months was very low
 - 4.5% (95% CI 3.0-6.6%) in the community ART arm
 - 4.4% (95% CI 3.5-5.4%) in the clinic care arm
 - Viraemia at 12 months was low
 - 10.3% (95% CI 7.7-13.3%) in the community ART arm
 - 11.3% (95% CI 9.8-12.9%) in the clinic care arm

Multivariable logistic regression model of **attrition**, n=2,496

Attrition

		No recorded visit 12-18 months after baseline, n(%) or median (IQR)	OR (95% CI)	Adjusted OR (95% CI)
Age at baseline		39.5 (33-45)	1.00(0.98-1.02)	1.01(0.99-1.03)
Gender	Female	75 (4.7)	1.15(0.83-1.6)	1.21(0.87-1.67)
	Male	35 (4.0)	1	1
District	Rural	6 (3.4)	0.71(0.35-1.45)	0.75(0.35-1.62)
	Urban	104 (4.5)	1	1
Year of baseline observation	2016	14 (4.2)	0.86(0.56-1.34)	0.87(0.55-1.39)
	2017	52 (4.1)	0.83(0.55-1.25)	0.84(0.55-1.27)
	2018	44 (4.9)	1	1
NRTI backbone at baseline	Tenofovir	28 (4.2)	1.00(0.63-1.58)	1.05(0.64-1.72)
	Abacavir/Other	14 (7.0)	1.71(0.94-3.11)	1.7(0.94-3.1)
	Zidovudine	68 (4.2)	1	1
Months on 2 nd line at baseline		25 (14-46)	1.00(0.99-1.004)	1.00(0.99-1.005)
Referred for community ART	Yes	26 (4.5)	1.01(0.71-1.45)	1.02(0.71-1.47)
	No	84 (4.4)	1	1

No difference in attrition among those on second-line regimens referred to community ART compared to those remaining in clinic care (aOR 1.02, 95% CI 0.71-1.47)

Multivariable logistic regression model of **viraemia**
(>200 cps/ml), n=2,138

Viraemia

		Viral load \geq 200, n(%) or median(IQR)	OR (95% CI)	Adjusted OR (95% CI)
Age at baseline		39 (33-44)	0.99(0.97-1)	0.99(0.97-1.01)
Gender	Female	151 (10.8)	0.94(0.7-1.27)	1.03(0.74-1.45)
	Male	85 (11.6)	1	1
District	Rural	11 (7.1)	0.63(0.51-0.78)	0.83(0.65-1.05)
	Urban	225 (11.3)	1	1
Year of baseline observation	2016	26 (8.9)	0.67(0.42-1.06)	0.66(0.38-1.13)
	2017	114 (10.6)	0.83(0.62-1.1)	0.86(0.64-1.16)
	2018	96 (12.5)	1	1
NRTI backbone at baseline	Tenofovir	45 (7.9)	0.67(0.48-0.92)	0.78(0.55-1.11)
	Abacavir/ Other	29 (17.3)	1.7(1.16-2.5)	1.78(1.21-2.63)
	Zidovudine	162 (11.6)	1	1
Months on 2 nd line at baseline		22 (16-36.5)	0.99(0.99-1)	1.00(0.99-1.00)
Referred for community ART	Yes	51 (10.3)	0.89(0.64-1.24)	0.91(0.64-1.29)
	No	185 (11.3)	1	1

No difference in viraemia among those on second-line regimens referred to community ART compared to those remaining in clinic care (aOR 0.91, 95% CI 0.64-1.29)

Sensitivity analyses

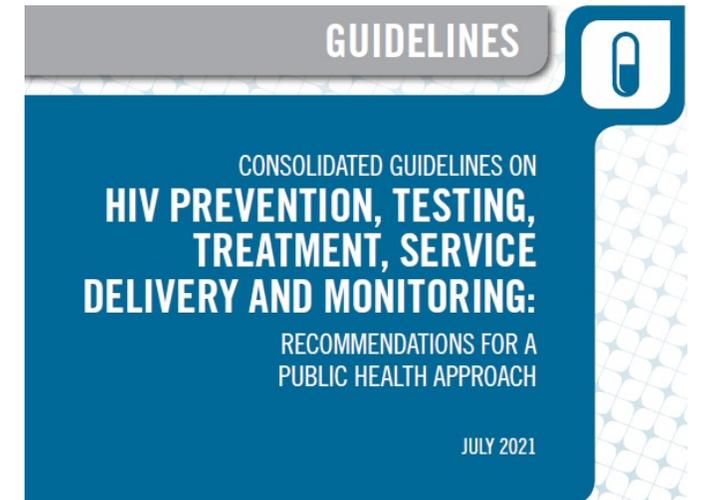
- Adjusting for CD4 count in multi-variable model
 - No difference in 12 month attrition (n=1366, aOR 1.17, 95% CI 0.77–1.77)
 - No difference in 12 month viraemia (n=1143, aOR 1.21, 95% CI 0.75–1.94)
- Including clients who were transferred out to another clinic
 - Attrition was lower in the community ART group versus clinic care (n=2575, aOR 0.73, 95% CI 0.54–0.99)

Discussion

- One of the largest and first analyses to assess outcomes among people on second-line ART in a differentiated community ART delivery programme
 - High retention and viral suppression in this population
- However, people referred for community ART may be selected because they are likely to have better outcomes
- Findings are from pre-COVID-19, and South African DSD eligibility criteria are now less strict

Next steps

- Programmes which do not already include second line treatments in differentiated ART delivery services should consider introducing them for people with viral suppression
 - 2021 revised WHO guidelines definition of “established on treatment” inclusive of those on second- and third-line regimens
- Longer term outcome data beyond 12 months, and during the COVID-19 pandemic, need to be assessed



Acknowledgements

- **Collaborators**

- eThekweni Municipality Health Unit
- CAPRISA
- University of Oxford



- **Funders**

- International AIDS Society
- Fast Track Cities
- Wellcome Trust



Summary of the opportunities with an expanded definition of people “established on ART”

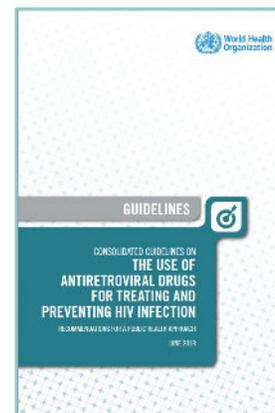
Session 1: Extending eligibility for established on ART

Expanding DSD for HIV treatment

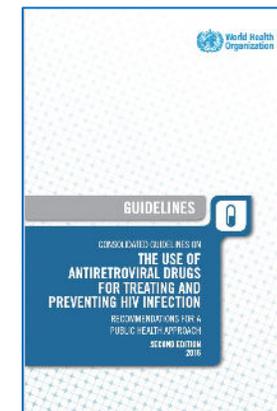
- More inclusive
- Choice
- Towards person-centered care



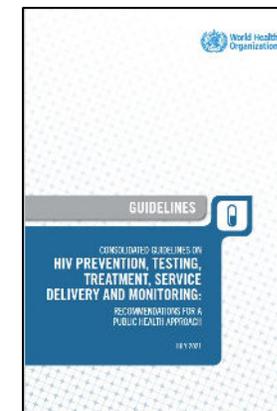
Thank you to WHO



2013



2016



2021

“The definition of being established on ART (stability) should be applied to all populations, including those receiving second- and third-line regimens, those with controlled comorbidities, children, adolescents, pregnant and breastfeeding women and key populations.”

MORE INCLUSIVE

1. Earlier eligibility

- Countries have moved from 12 month on ART to 6 months on ART (many in advance of WHO)
- Data from Lesotho & Zimbabwe also supports earlier referral

JIAS JOURNAL OF THE
INTERNATIONAL AIDS SOCIETY

Open Access



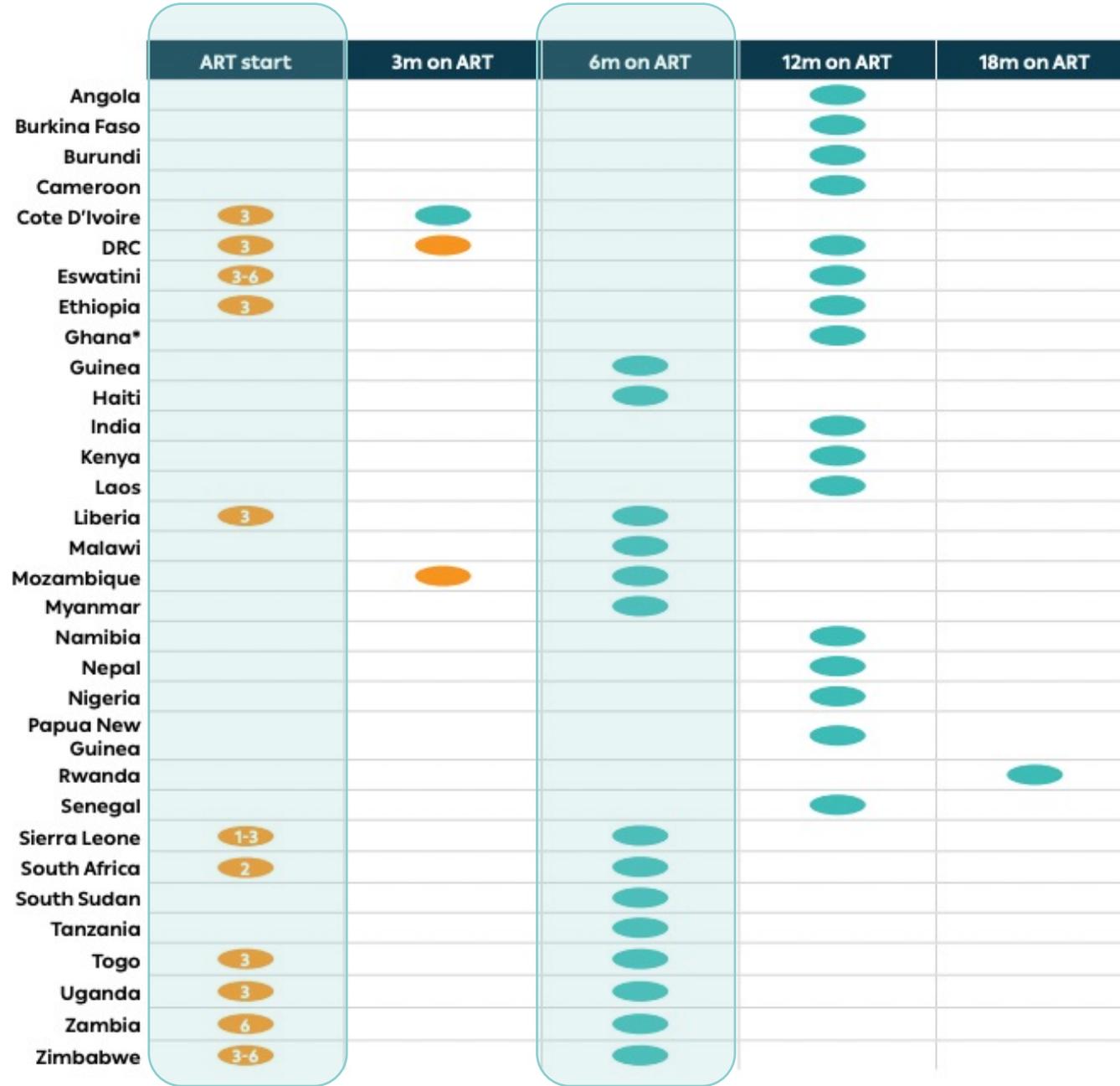
Supplement: Short Report |  Open Access |  

Community-based differentiated service delivery models incorporating multi-month dispensing of antiretroviral treatment for newly stable people living with HIV receiving single annual clinical visits: a pooled analysis of two cluster-randomized trials in southern Africa

Geoffrey Fatti , Nicoletta Ngorima-Mabhena, Appolinaire Tiam, Betty Bawuba Tukei, Tonderai Kasu, Trish Muzenda, Khotso Maile, Carl Lombard, Charles Chasela, Ashraf Grimwood,

First published: 28 October 2021 | <https://doi.org/10.1002/jia2.25819>

May actually support those that may struggle with attendance – and serve as a motivator to be suppressed by 6 months.



Key

- National policy
- COVID-19 policy adaptation
- 1-3MM only
- 2MMD only
- 3MMD only
- 3-6MMD only
- 6MMD only

References

Click on the ovals in the table to access the referenced policy.

Notes

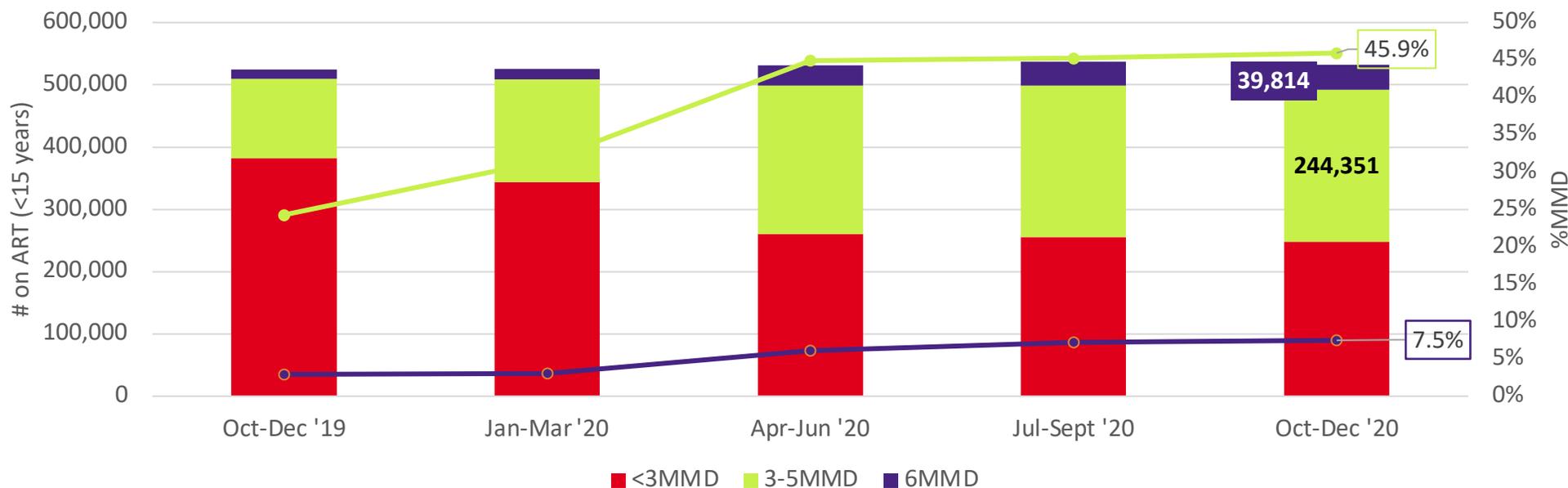
Ghana: May receive 3MMD from 6M on ART

bit.ly/DSDdashboards

MORE INCLUSIVE

2. Also children and adolescents

Number and proportion of ART clients <15 years of age on MMD in 21 PEPFAR supported countries (Oct 2019-Dec 2020)



By Q4 2020, 46% of those <15 were on 3-5MMD

By Q4 2020, 8% of those <15 were on 6MMD

From Oct 2019-Dec 2020, % of those <15 receiving MMD increased from 27% to 53%.

MORE INCLUSIVE

3. All regimens

JIAS | JOURNAL OF THE
INTERNATIONAL AIDS SOCIETY 



Supplement: Research Article |  Open Access |  

Differentiated service delivery for people using second-line antiretroviral therapy: clinical outcomes from a retrospective cohort study in KwaZulu-Natal, South Africa

Lara Lewis, Yukteshwar Sookrajh, Kelly Gate, Thokozani Khubone, Munthra Maraj, Siyabonga Mkhize, Lucas E. Hermans, Hope Ngobese, Nigel Garrett, Jienchi Dorward 

First published: 28 October 2021 | <https://doi.org/10.1002/jia2.25802> | Citations: 1

“Good outcomes [among those on second-line regimens in community-based models] may also reflect the fact that burdensome clinic visits could have contributed to clients having originally failed first-line regimens, and easier access through second-line community ART may enhance retention and viral suppression.”

CHOICE

- With improved access to HIV testing and ART, more women living with HIV will be established on ART at conception
- For example, in a study using SmartCare data from Zambia, increase in those on ART at first antenatal care (ANC) visit from 9% in 2011 to 74% in 2015 [Gumede-Moyo, Front. Public Health, 2019]

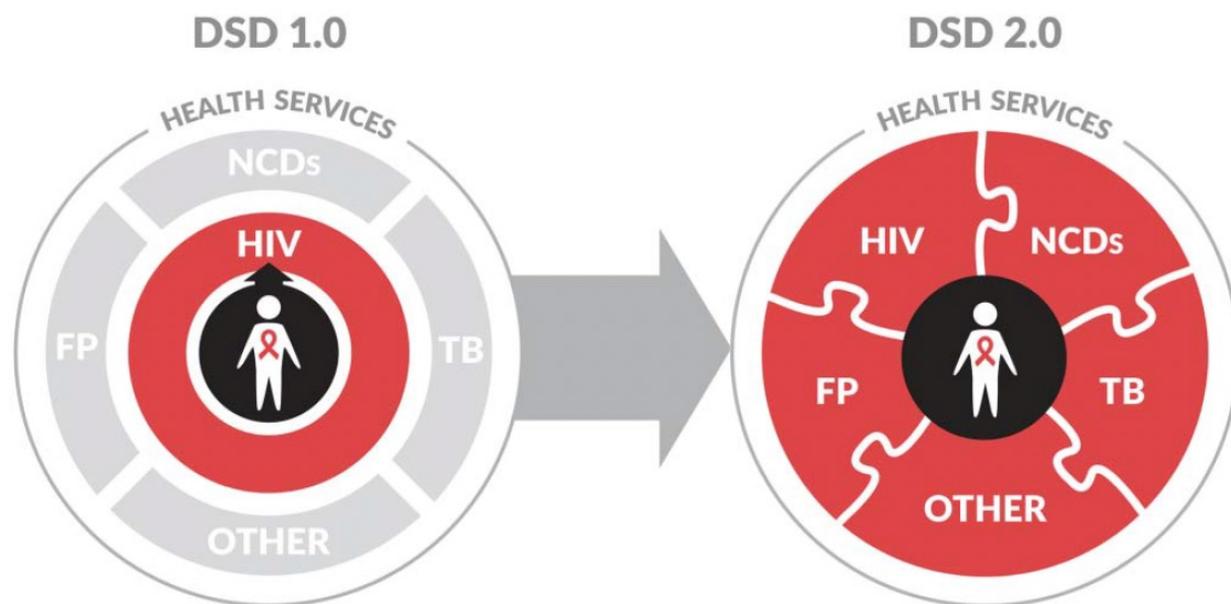
Box 7.4 Additional eligibility criteria specific to pregnant and breastfeeding women for accessing differentiated ART delivery models outside clinic care

- Women clinically established on ART when conceiving: already accessing the differentiated ART delivery model plus at least one viral load test of <1000 copies/mL in the past three months and accessing antenatal care.
- Women initiating ART during pregnancy: since a woman initiating treatment during pregnancy will only become eligible to enter a differentiated ART delivery model in the postpartum period, an HIV-negative result for her infant with a NAT at six weeks and evidence of accessing infant follow-up care are additional requirements.

They should have the choice to continue receiving their ART through the differentiated ART delivery model or to have their ART delivery integrated within their maternal, newborn and child health care”

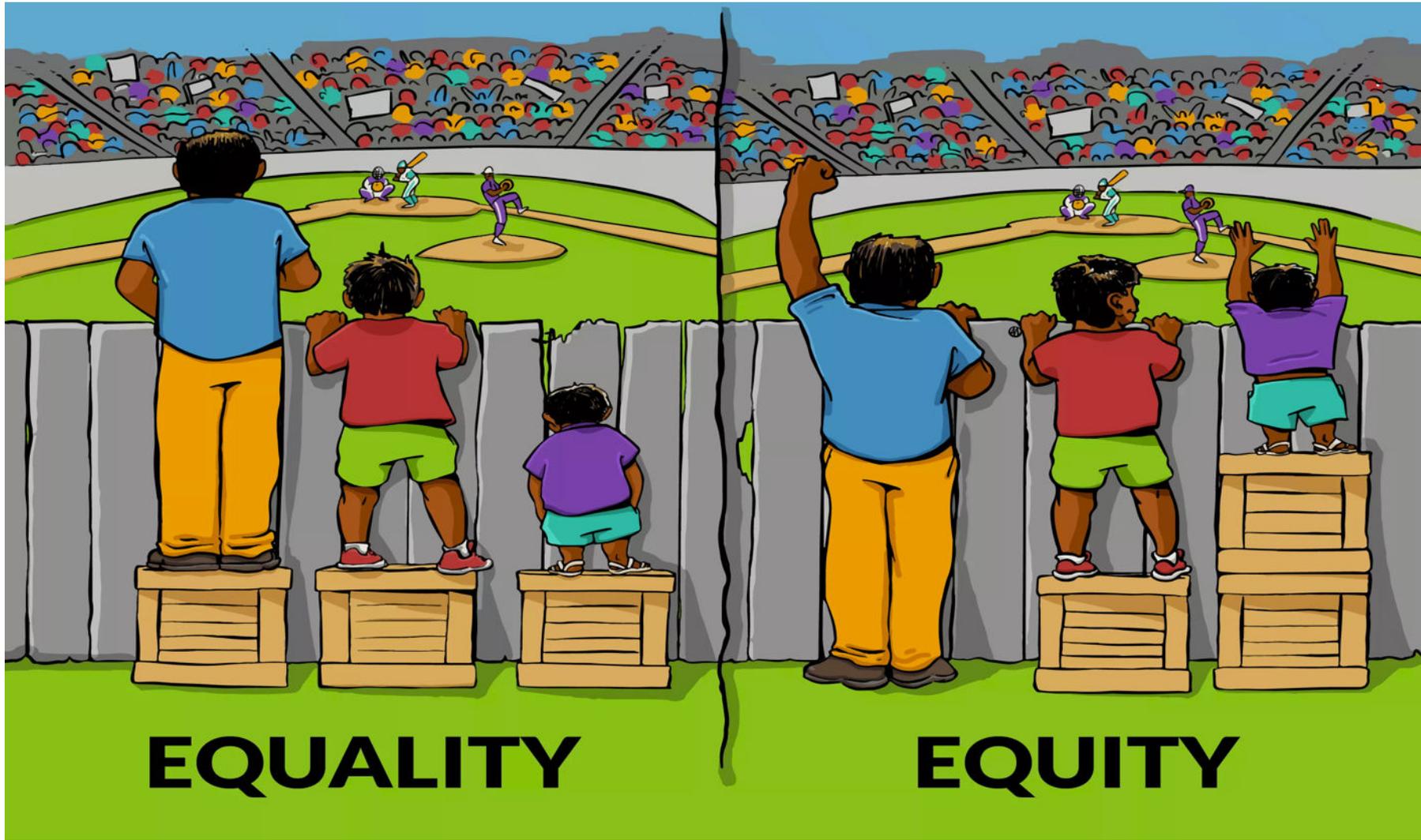
– WHO 2021 Consolidated guidelines

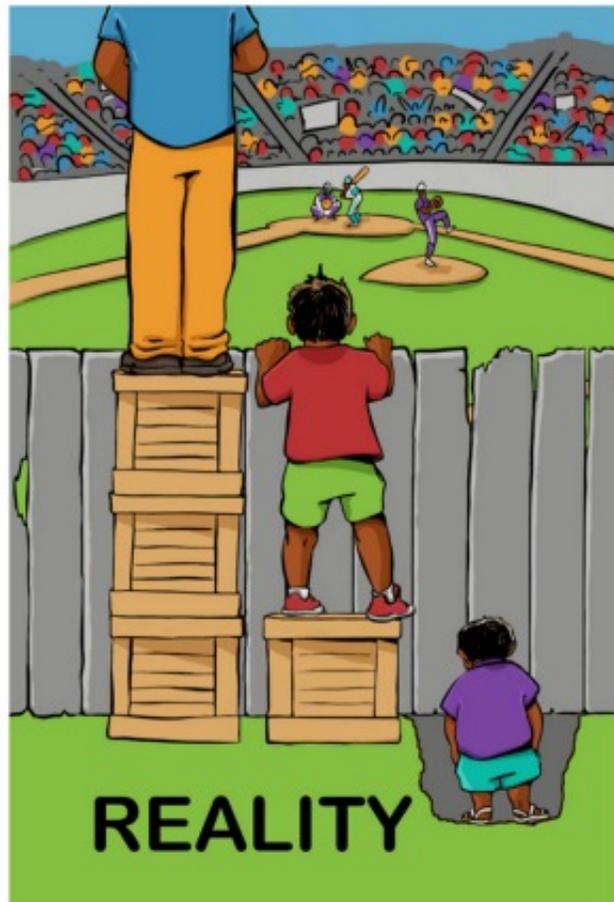
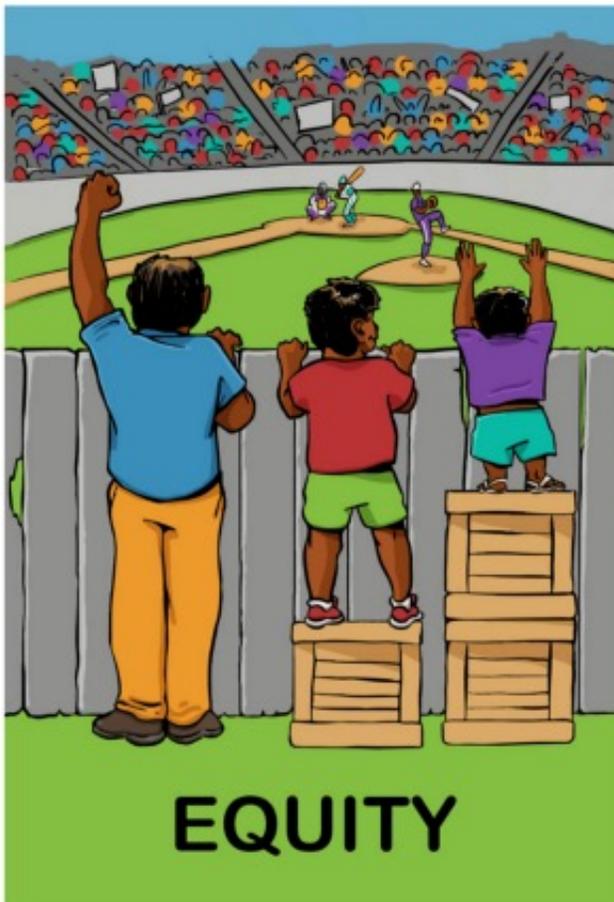
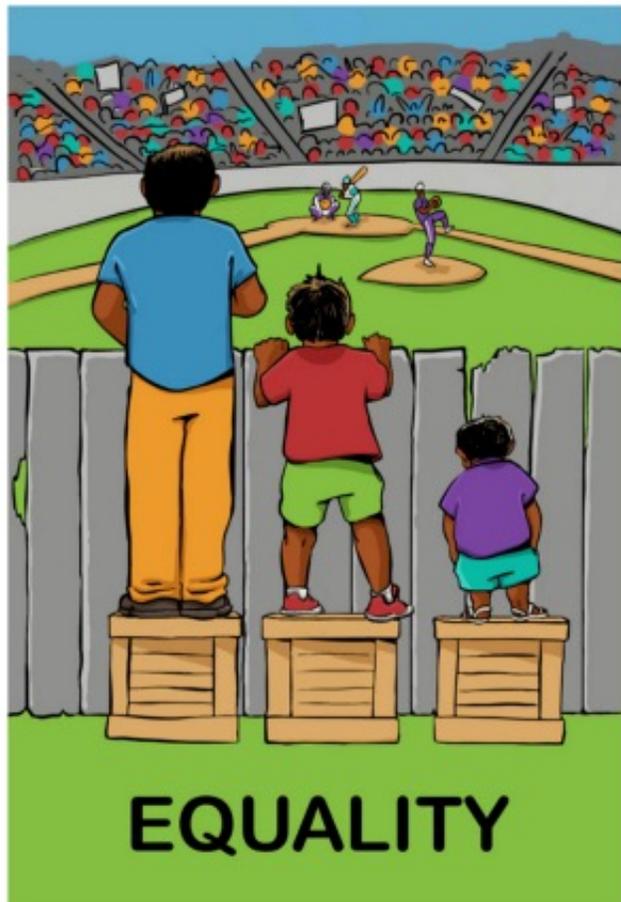
PERSON-CENTERED



- “People living with HIV and controlled comorbidities”
- DSD is not just for HIV treatment or HIV - but for integrated service delivery...

It's not about everybody getting the same thing, It's about everybody getting what they need in order to improve the quality of their situation." C.Parker







Peter Preko
Project Director, CQUIN
ICAP



Billy Doroux Aristide Charles
DSD SI WCA – ART and AHD
World Health Organization



Jienchi Dorward
PhD Fellow/Honorary Associate Scientist
University of Oxford / CAPRISA



Martin Ellie
Programme Manager
Network for HIV Positives in Sierra Leone



Anna Grimsrud
Lead Technical Advisor
IAS



Lise Jamieson
Senior Researcher
HE²RO



Lazarus Momanyi
DSD Coordinator
MOH/NASCOP Kenya

Poll – In your opinion...



Next steps and useful links

- Register for session 2 of this series, “Supporting out-of-facility initiation and re-engagement in care”, happening on Tuesday 30 November

- Slides are recordings from today’s session will be posted on:
 - www.differentiatedservicedelivery.org
 - The CQUIN website – <https://cquin.icap.columbia.edu>