



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

DSD in 2021: Where are we now?

Meg Doherty / Nathan Ford

Director/Scientist

WHO Department of Global HIV, Hepatitis and STI Programmes

16 November 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Contents

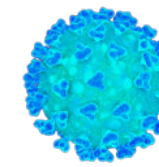


- **Lost time: the impact of COVID-19 on HIV progress**
- **Global DSD Policy Update 2020-21**
- **Critical steps to regain momentum to end AIDS by 2030**
 - Leverage new WHO service delivery recommendations
 - Bring innovations to populations & places to reduce new infections and death



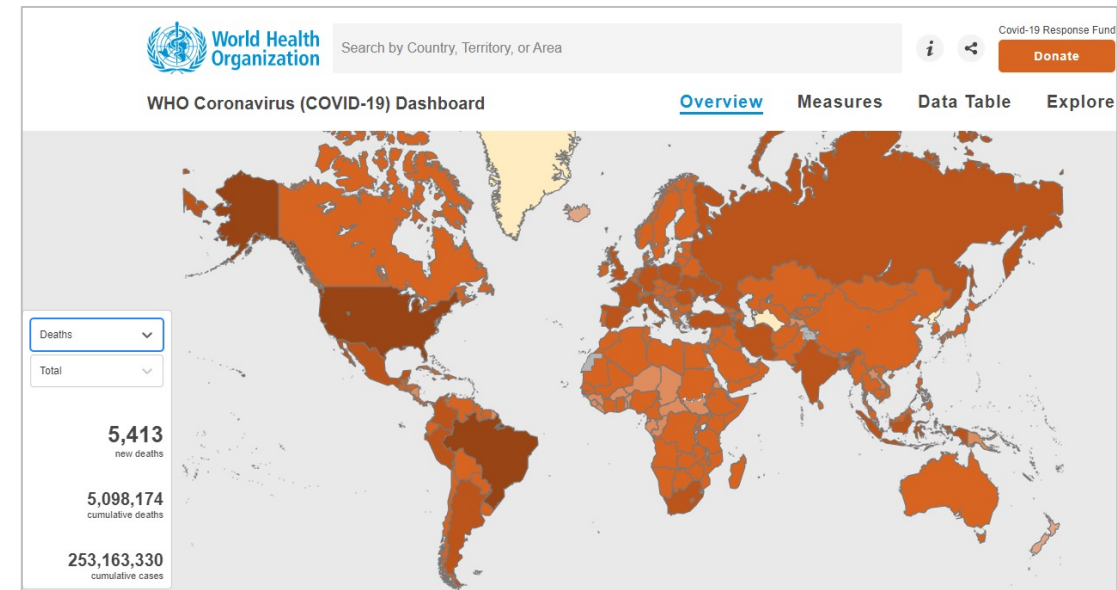
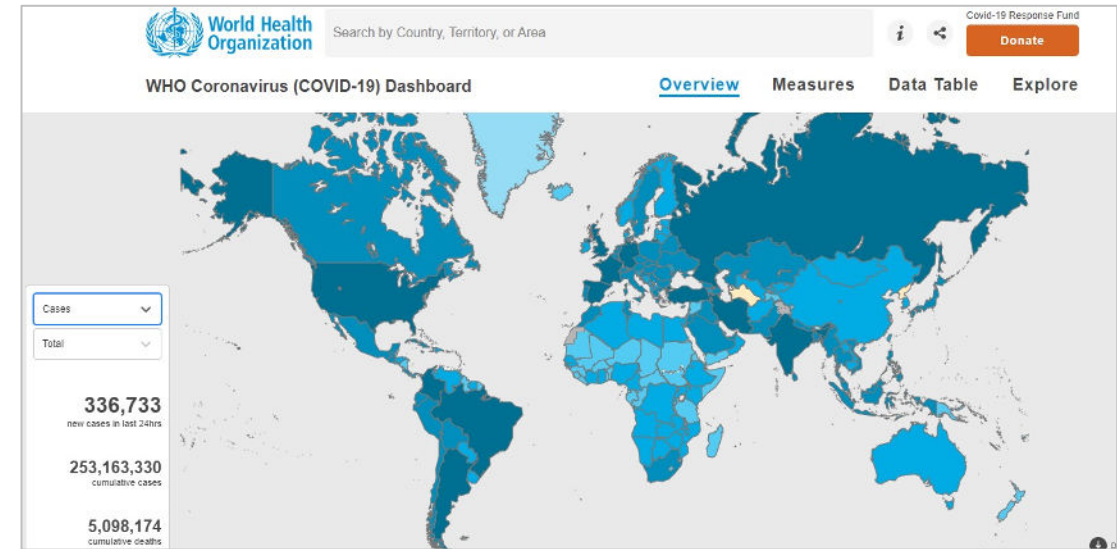
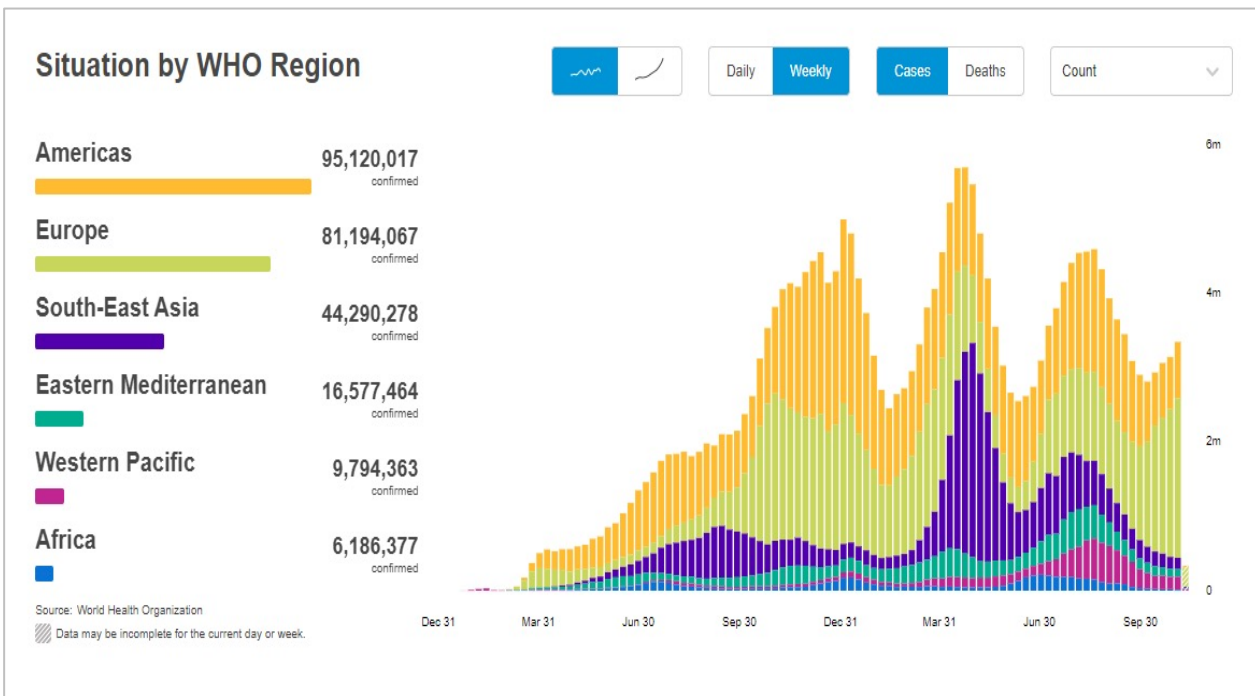
COVID-19 Global Situation

(as of 15 November 2021)



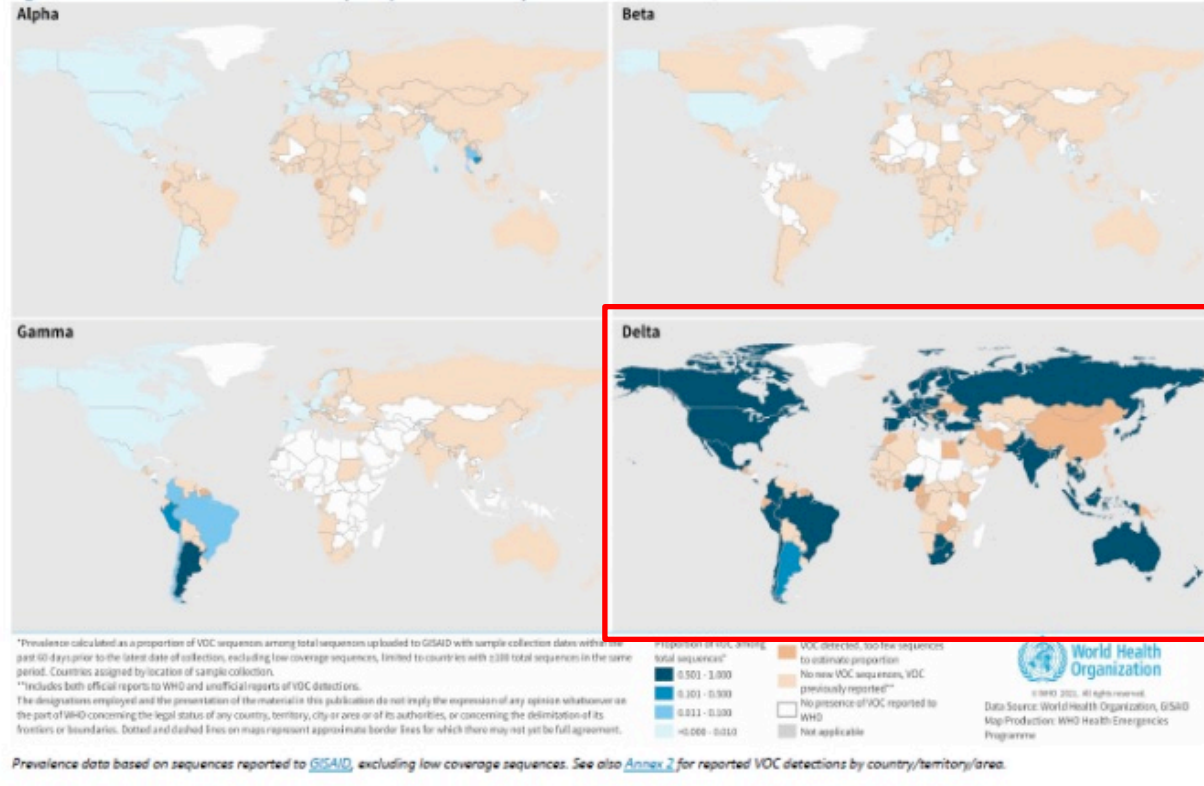
Cumulative:

- 253,163,330 confirmed cases
- 5,098,175 deaths
- 7,160,396,495 vaccine doses administered

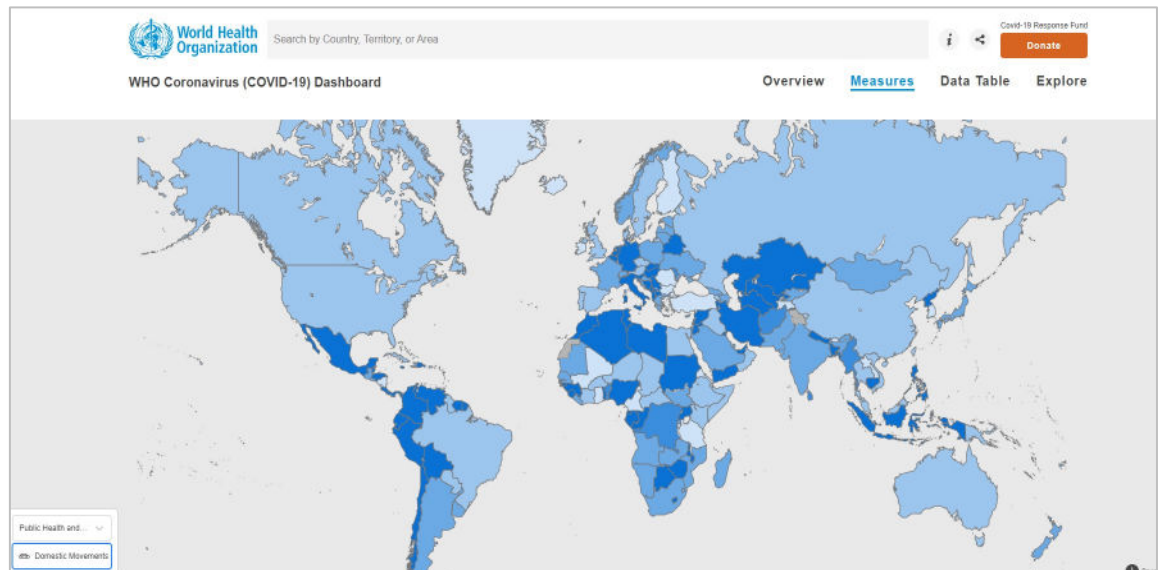
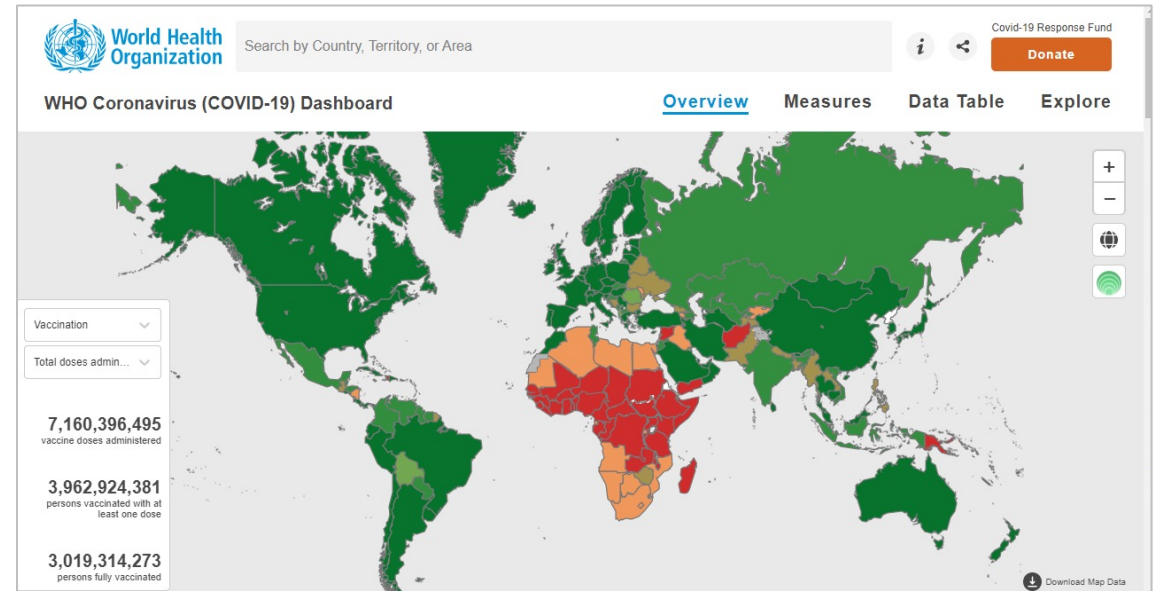


Spread of SARS CoV-2 Variants, Vaccination & Policies

Figure 4. Prevalence of Variants of Concern (VOCs) in the last 60 days and historic detections, data as of 2 November 2021



COVID-19 Vaccination Coverage

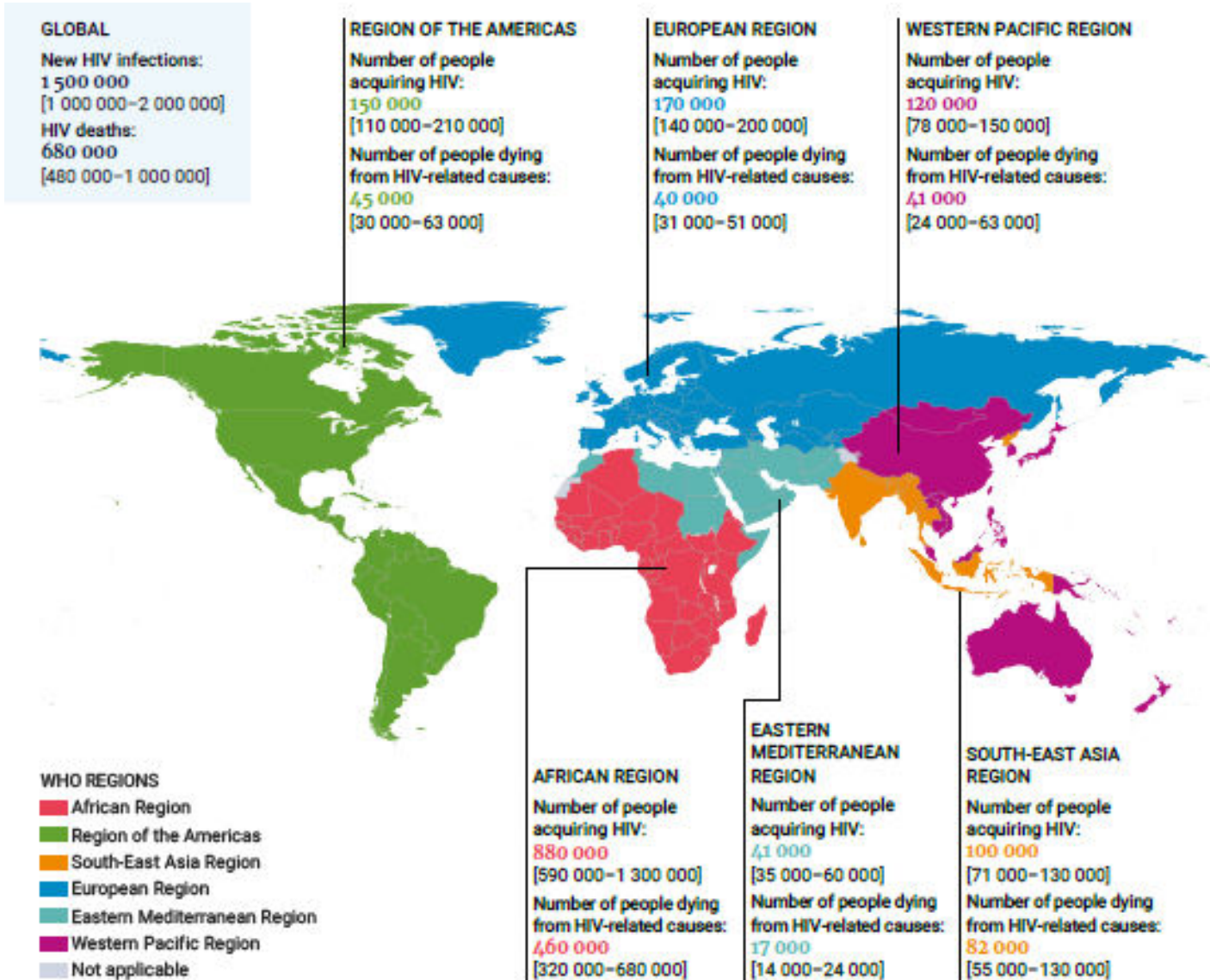
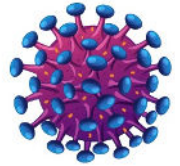


Restriction of domestic movement, stay at home

<https://covid19.who.int/>

<https://covid19.who.int/measures>

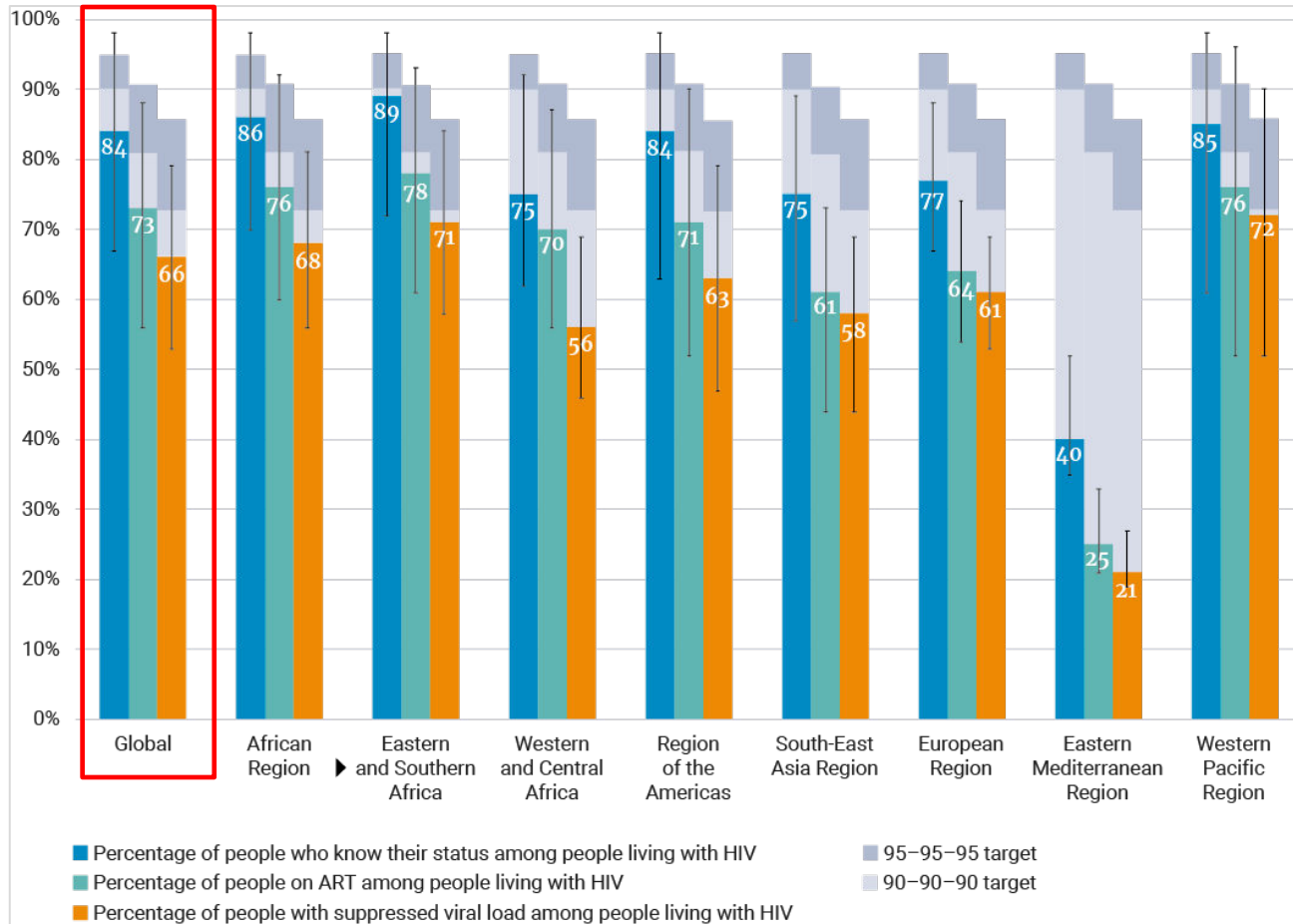
Summary of global and regional HIV epidemic, 2020



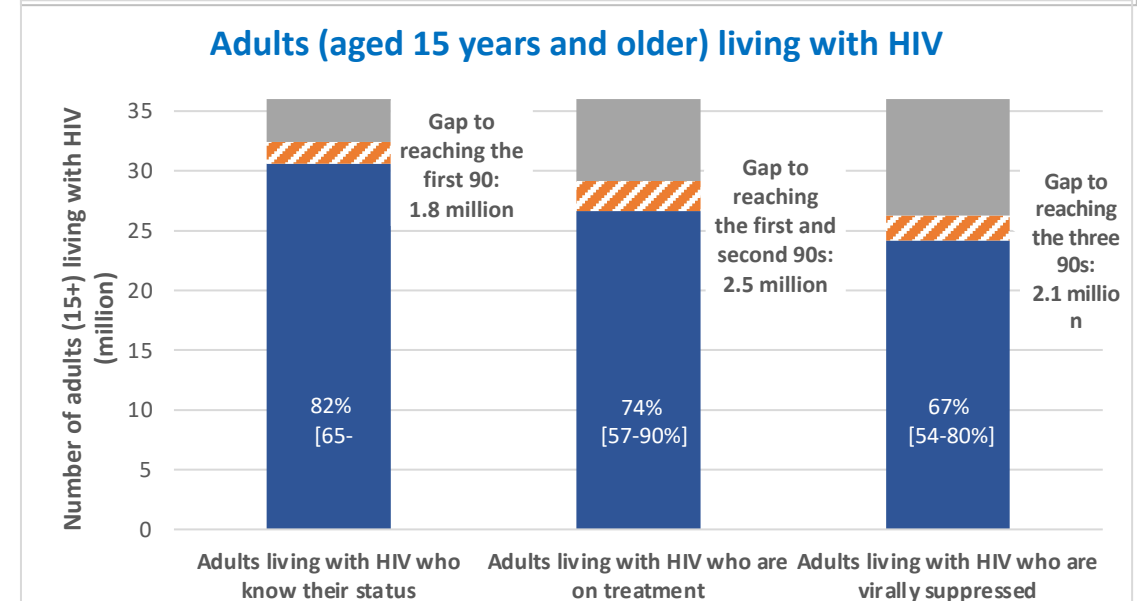
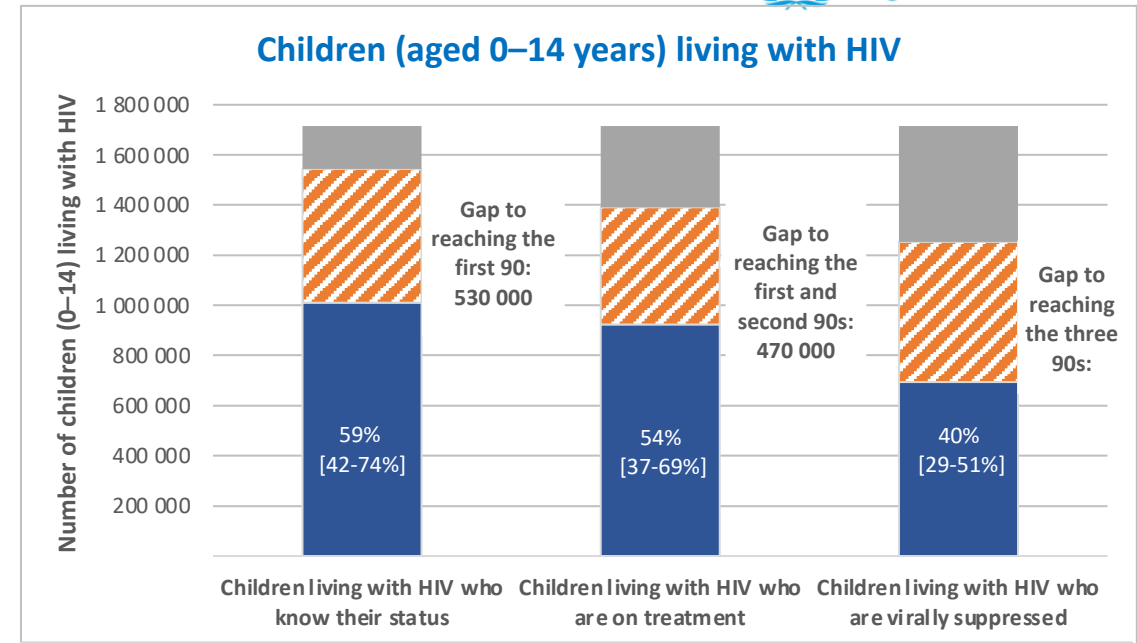
Every day there are 4100 new HIV infections (adults and children) - 2020

- 58% are in sub-Saharan Africa
- 10% are among children under 15 years of age
- 90% are among adults aged 15 years and older, of whom:
 - 50% are among women
 - 30% are among young people (15–24)
 - 19% are among young women (15–24)

Progress towards 90–90–90 and 95–95–95 targets of the HIV service cascade, by WHO region, 2020



Source: UNAIDS/WHO estimates

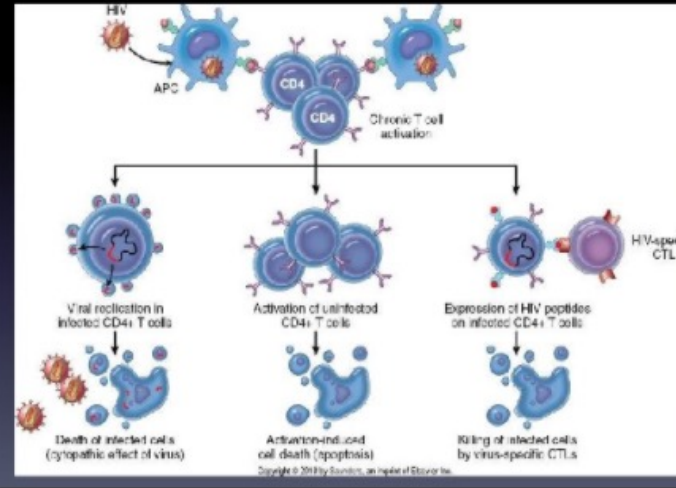


COVID-19 and HIV: Direct and Indirect Effects

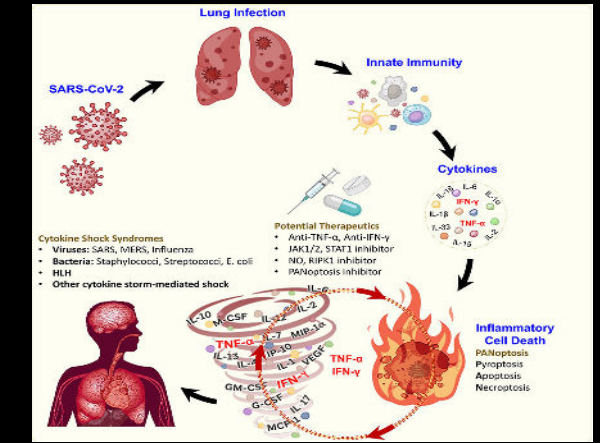


- Are PLHIV on ART protected against COVID-19 ART? - **NO**
- Are PLHIV more susceptible to SARS-CoV-2? - **YES**
- Is COVID-19 more severe in PLHIV? - **YES**
- Is the risk of death higher in PLHIV ? - **YES**
- What is the impact of COVID-19 pandemic in HIV care services? - **Variable**
- Are COVID-19 vaccines safe & effective in PLHIV & is a third /booster needed? -**YES**

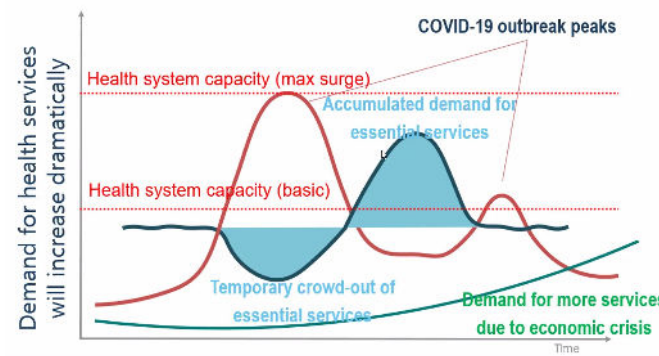
Mechanism of CD4 T cell depletion in HIV infection



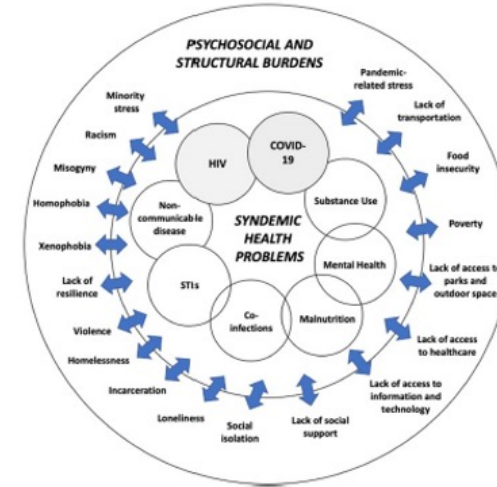
Mechanism of Inflammatory Storm in COVID-19



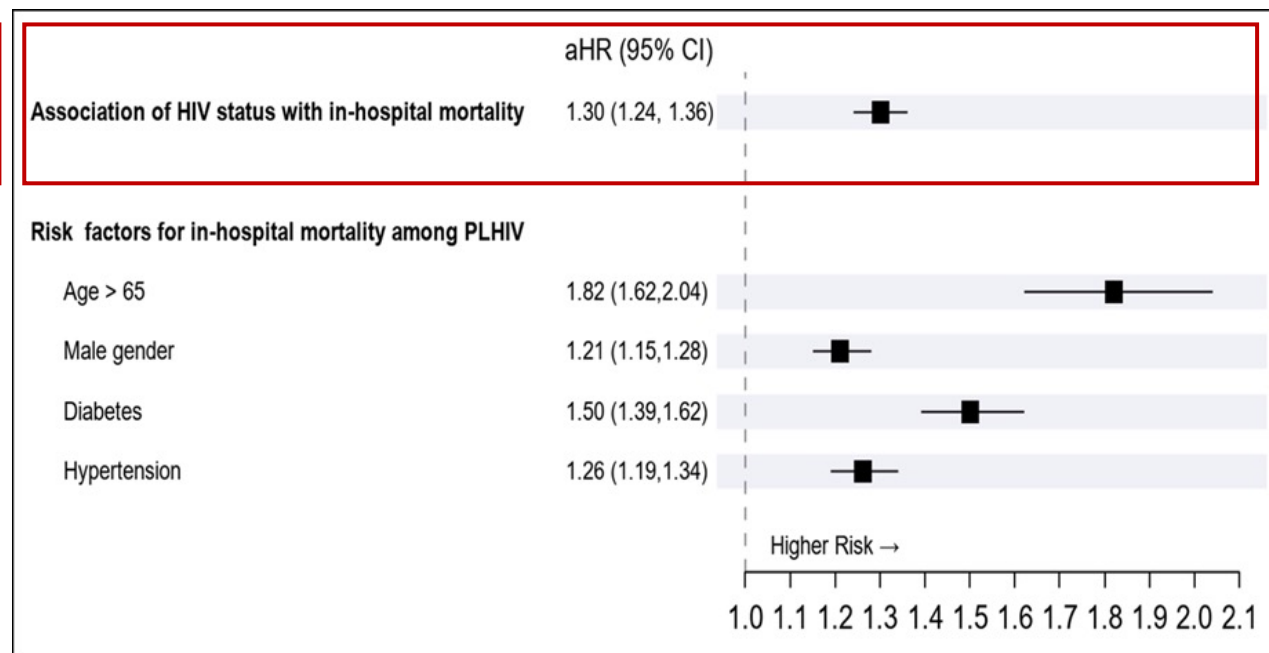
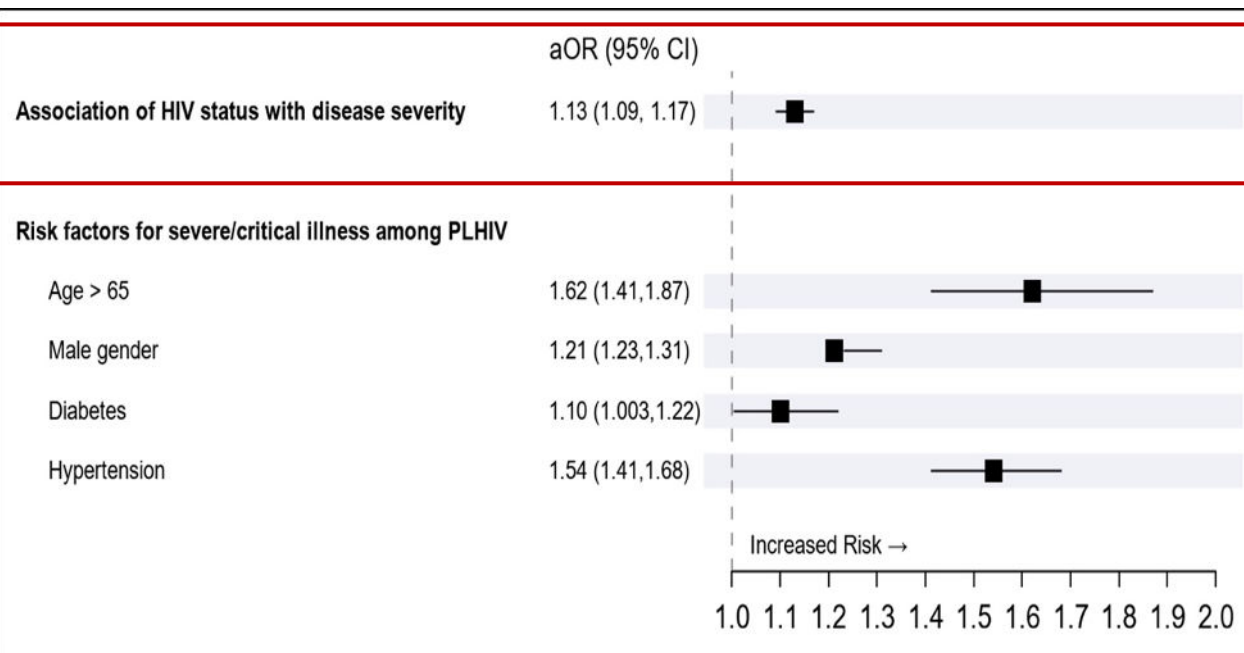
Increasing demand from multiple sources



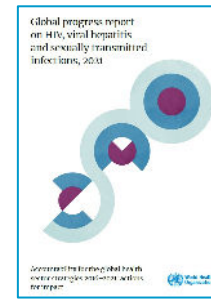
- Public health surge capacity
- Primary health care in the core
- Elasticity in acute and intensive care
- Protect the vulnerable



HIV Infection and severe/critical illness and death from COVID-19

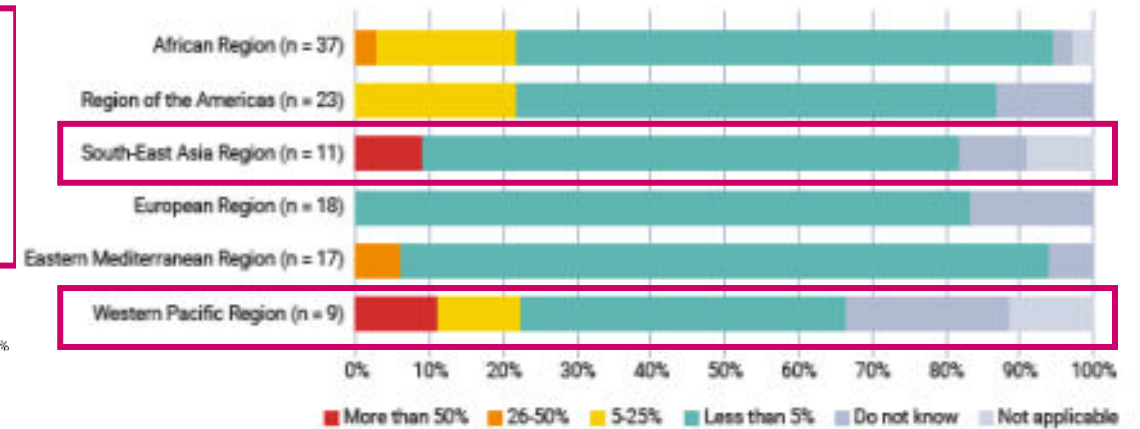
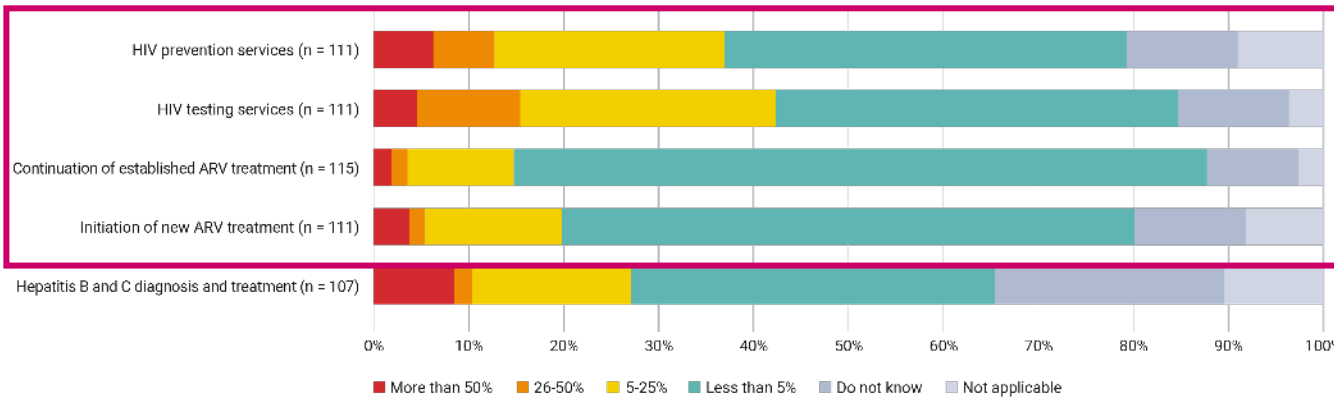


COVID-19 Disruptions of HIVs Diagnosis & Treatment Services



Disruption in other services for HIV and viral hepatitis, March 2021

Disruption in of ART services caused by COVID-19, by WHO region, March 2021



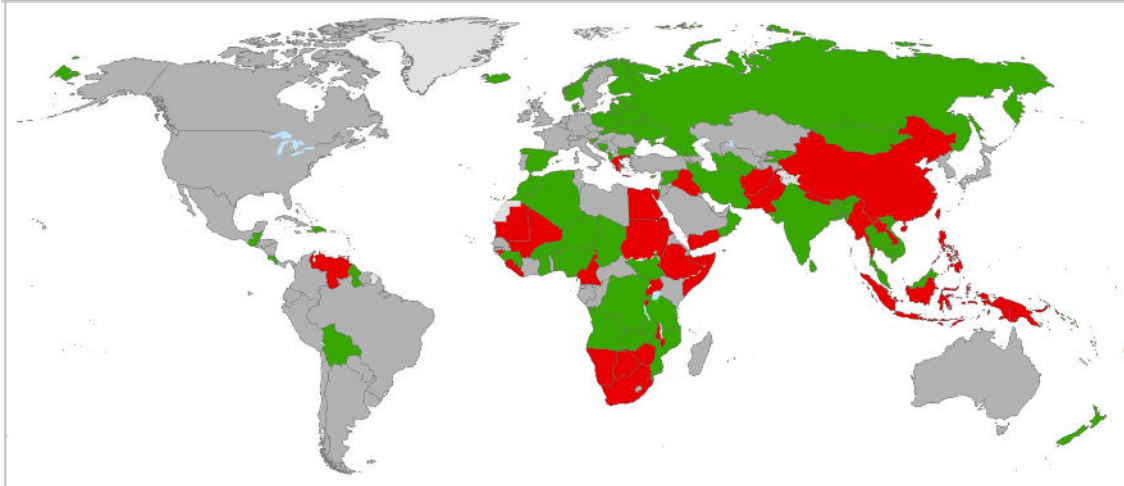
Report has best practices from each region of policy implementation and community delivery

<https://www.who.int/data/gho/data/themes/hiv-aids>

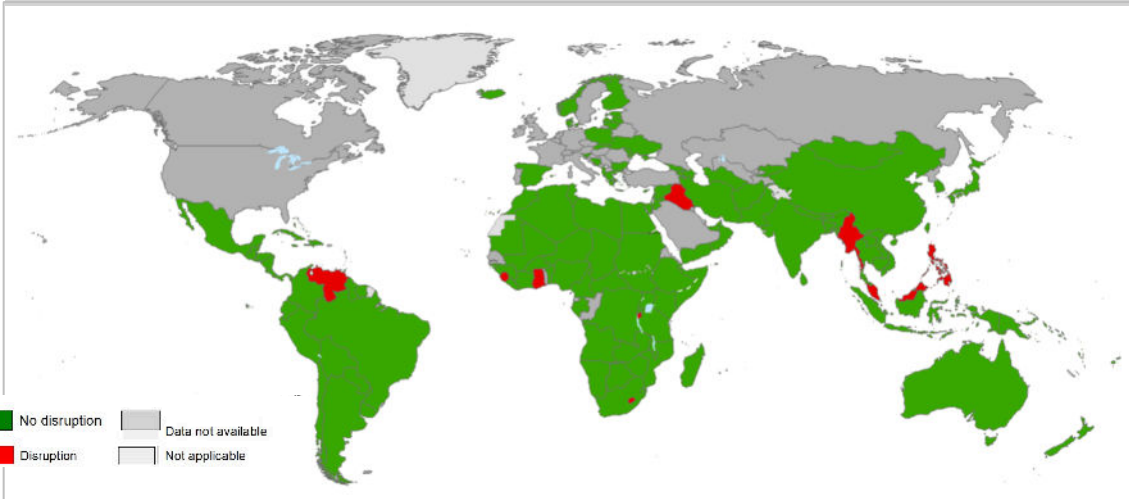


Countries reporting on ARV disruptions due to COVID-19, 2020-21

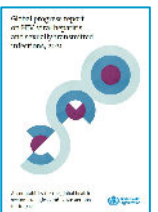
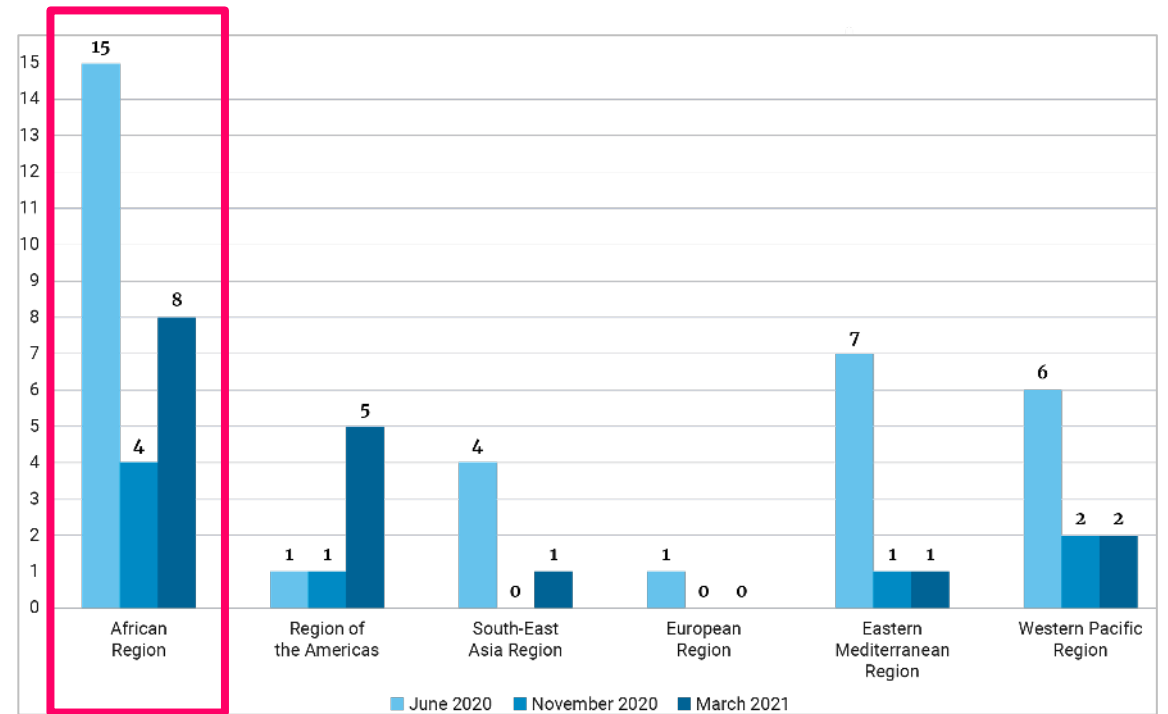
Preliminary results compiled from a survey conducted by WHO between April and Sept 2020 (n=127)



Results compiled from a survey conducted by WHO in November 2020 (n=152): 9 countries reported ARV disruptions



Number of countries reporting disruption in antiretroviral therapy services in June 2020, November 2020 and March 2021



Source: Global HIV, Hepatitis and STIs Programmes (HSS), WHO, 2020

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

IMPACT OF COVID-19 ON ART INITIATIONS IN SOUTH AFRICA

Mariet Benade¹, Lawrence Long^{1,2}, Sydney Rosen^{1,2},
Gesine Meyer-Rath^{1,2}, Jean-Marie Tucker³, Jacqui Miot²

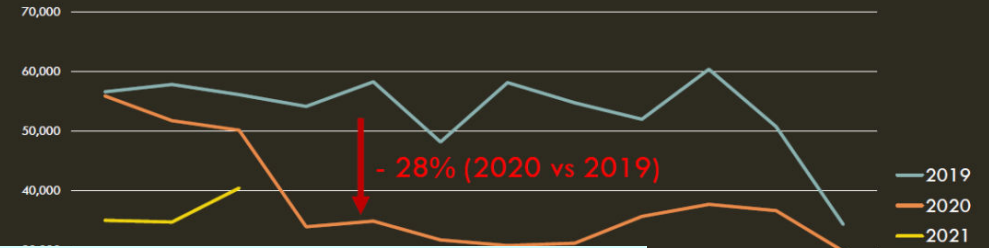
¹Department of Global Health, Boston University School of Public Health, Boston, USA

²Health Economics and Epidemiology Research O... Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of Witwatersrand, Johannesburg, South Africa

³Clinton Health Access Initiative, Johannesburg, South Africa

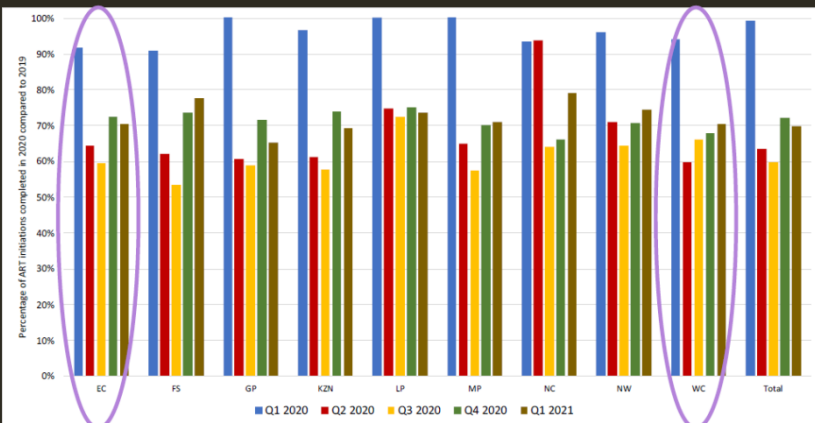
- 28 % decline in ART initiation in 2020 vs 2019
- 310,000 fewer ART initiations
- 32% reduction in national target of 1.17 million initiations
- Some rebound in March 2021; rebound women > men
- Untreated HIV could contribute to excess deaths (260,200 or 437/100,000 popn)

ART INITIATIONS IN SOUTH AFRICA JAN 2019-MAR 2021



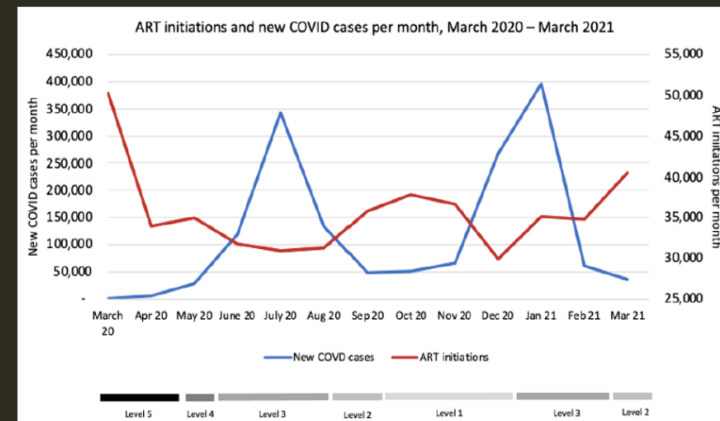
	Oct	Nov	Dec
2019	60,42	50,79	34,37
2020	37,72	36,68	29,85

% CHANGE IN ART INITIATIONS BY PROVINCE



- Fastest decline and earliest recovery in the Western Cape Province
- Slower decline in Eastern Cape and Free State provinces

PER MONTH, MARCH 2020-MARCH 2021

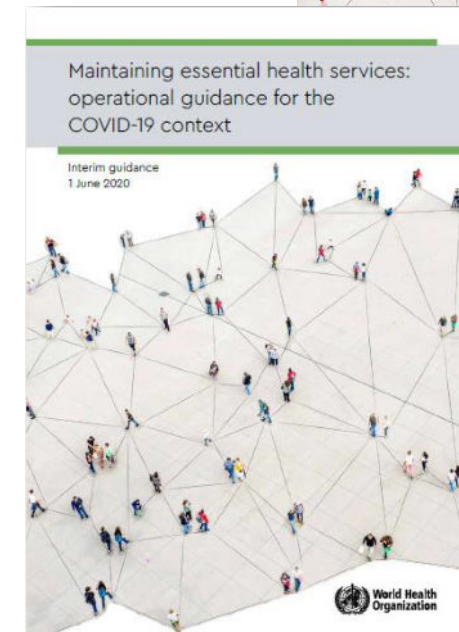
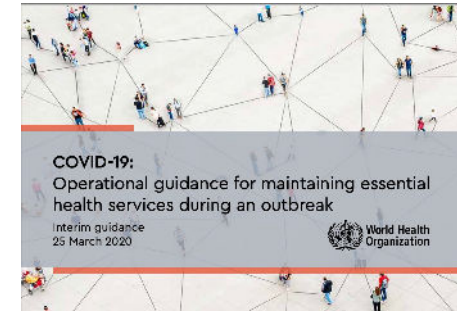


- Sharp decline during Level 5 (or before, after declaration of State of Disaster)
- From May 2020, inverse relationship between COVID-19 cases and ART initiations
- No relationship between lockdown levels and ART initiations

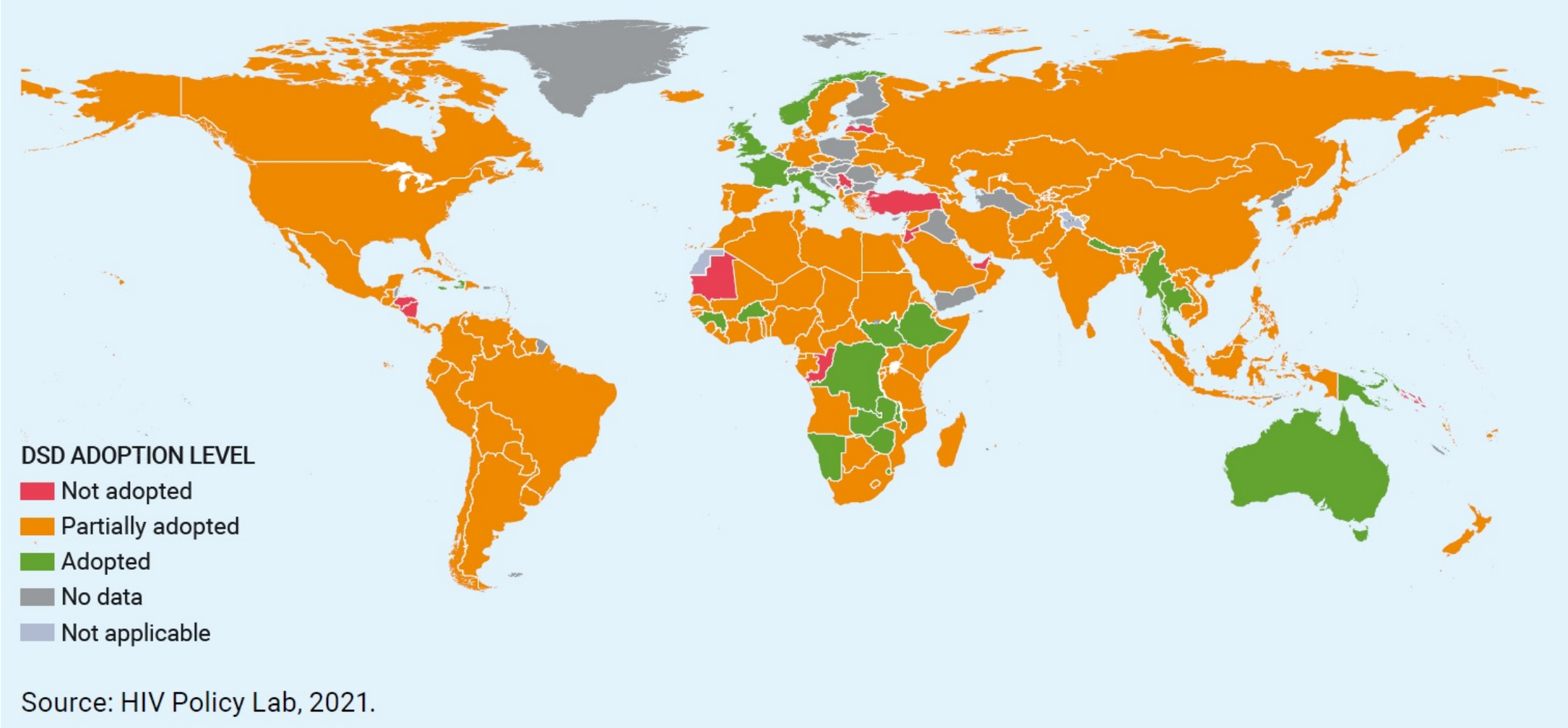
HIV and maintaining essential health services during COVID-19

Practical actions that countries can take to maintain access to high-quality and health services

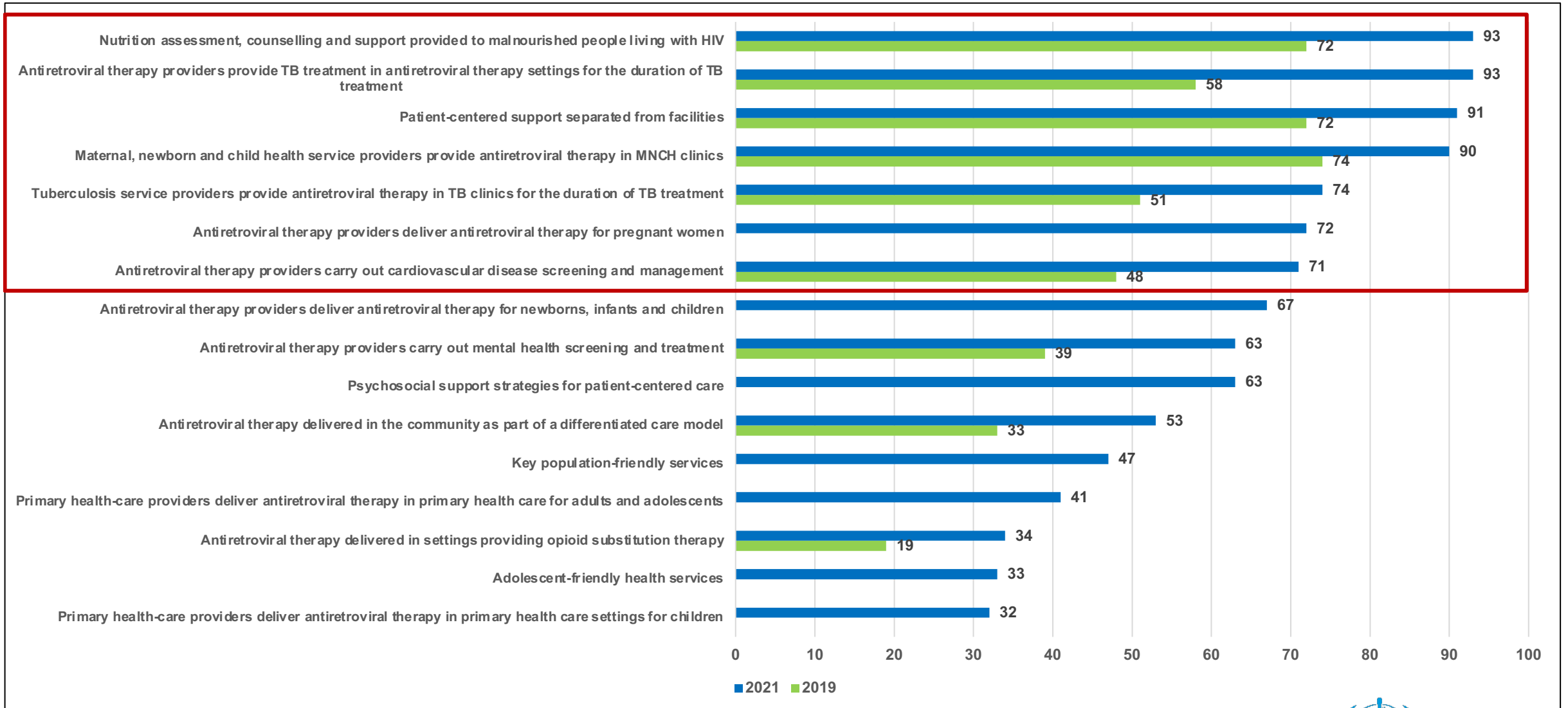
- The department of HIV, Hepatitis and STI's helped support the critical work on **maintaining essential health services during the ongoing COVID-19 crisis**
- The COVID-19 outbreak saw countries make pivotal changes that will likely be beneficial in the long term
- **Includes elements of new DSD recommendations:**
 - embracing **community-based models**,
 - **less frequent visits to a health facility with less frequent medication pick-ups**,
 - expansion of **mental health strategies**, offering opportunities to build back better, and
 - an improved focus on **people-centered care**



DSD Policy Uptake 2021

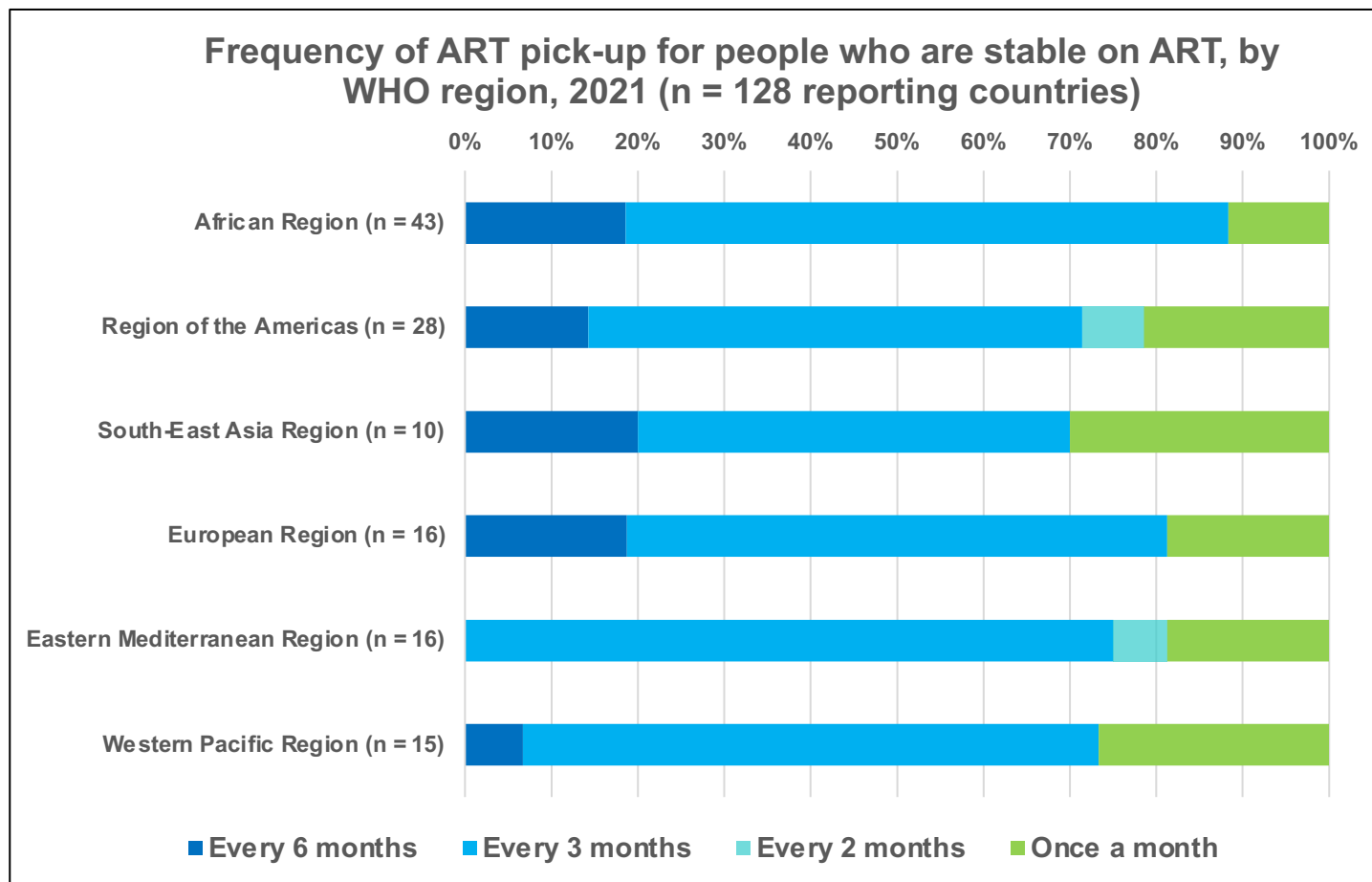
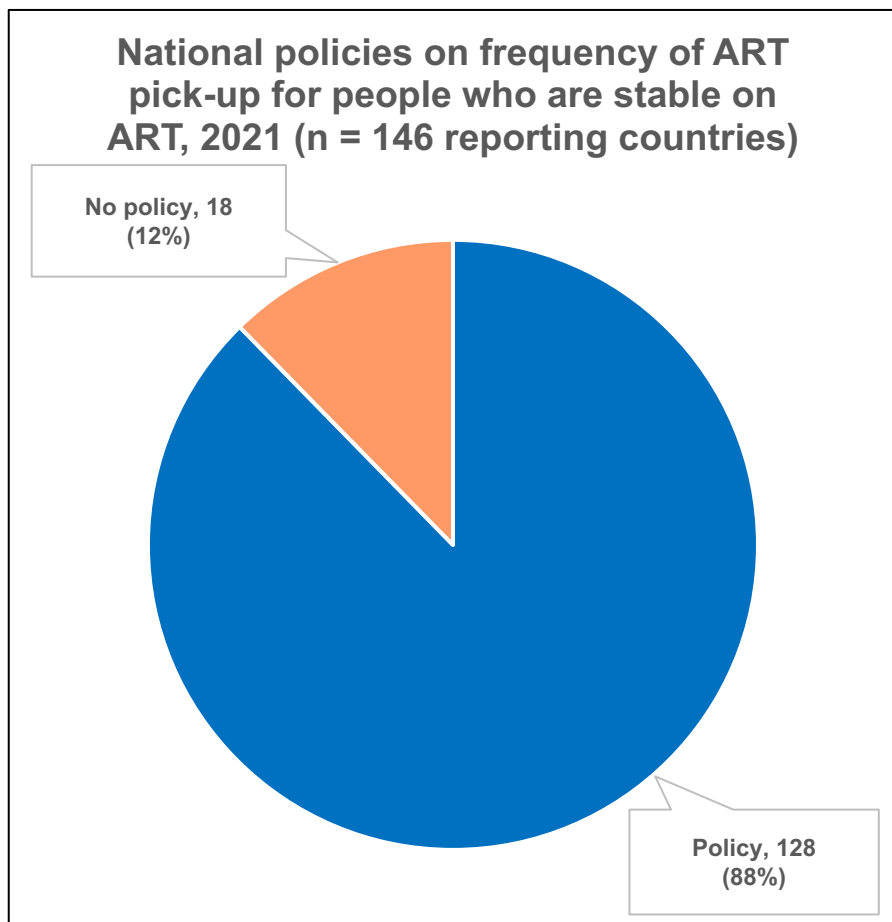


Service provision modalities included in the national policy on ART for adults, adolescents and children (n=122), 2019 and 2021



Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2021

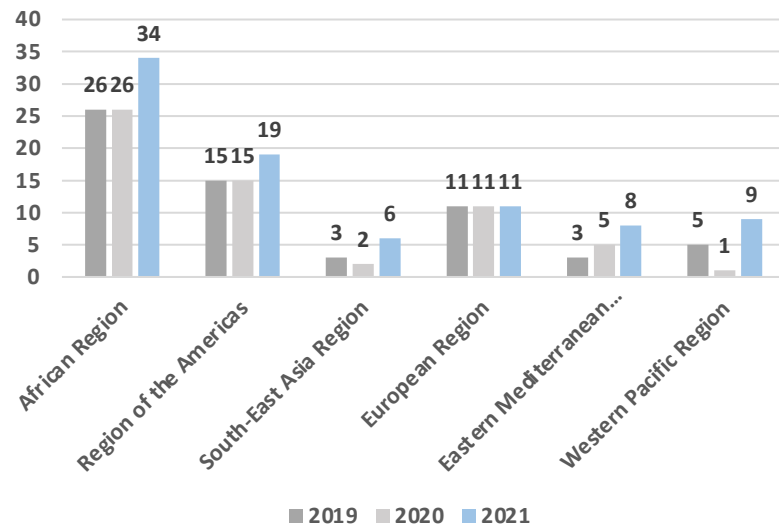
National policies on frequency of ART pick-up for people who are stable on ART, 2021



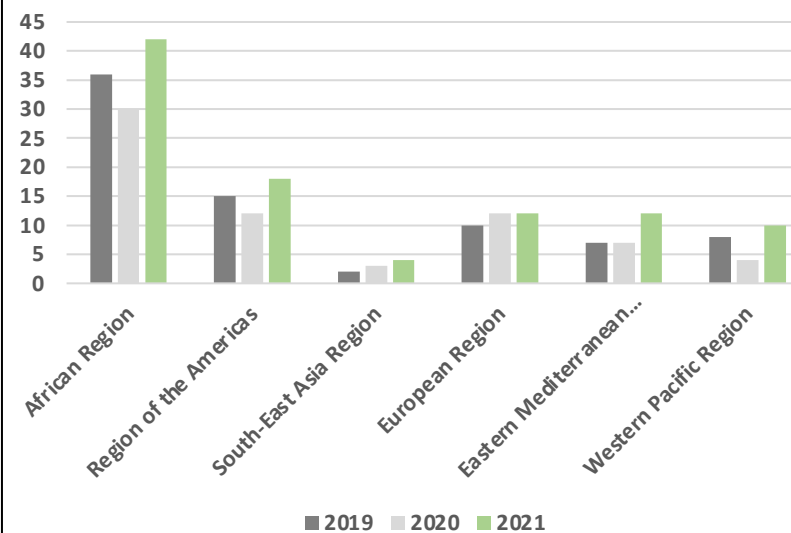
Source: Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and Global HIV, Hepatitis and STIs Programmes (HHS), WHO, 2021

Rapid ART Initiation Policies in 2020

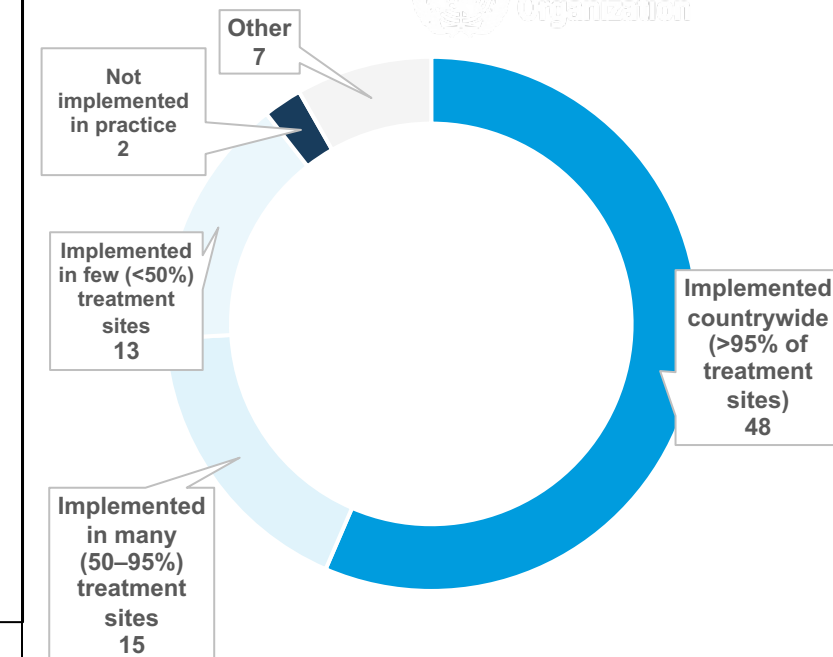
Number of countries adopting WHO recommendation on rapid initiation of ART, by WHO region, 2019–2021



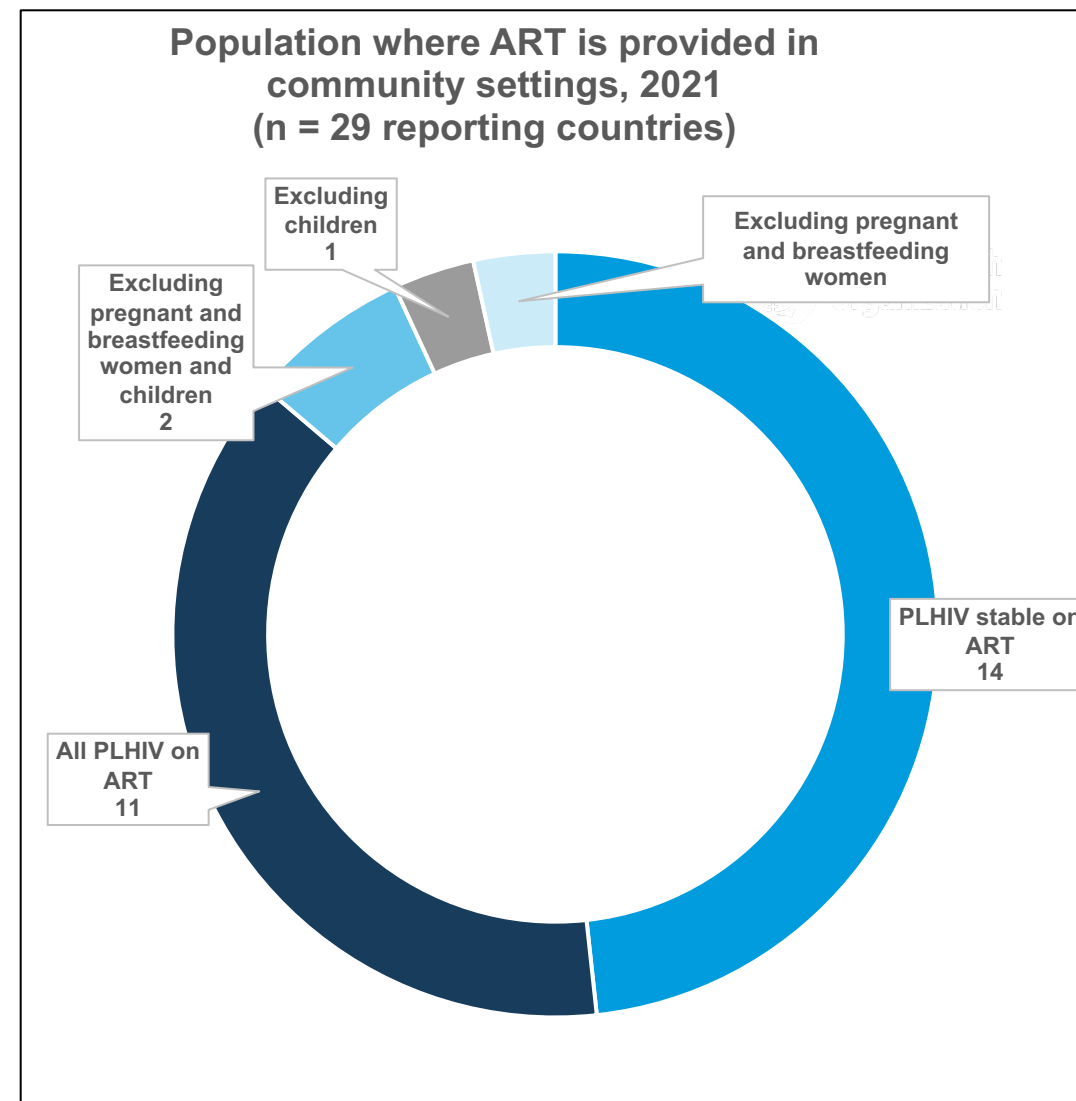
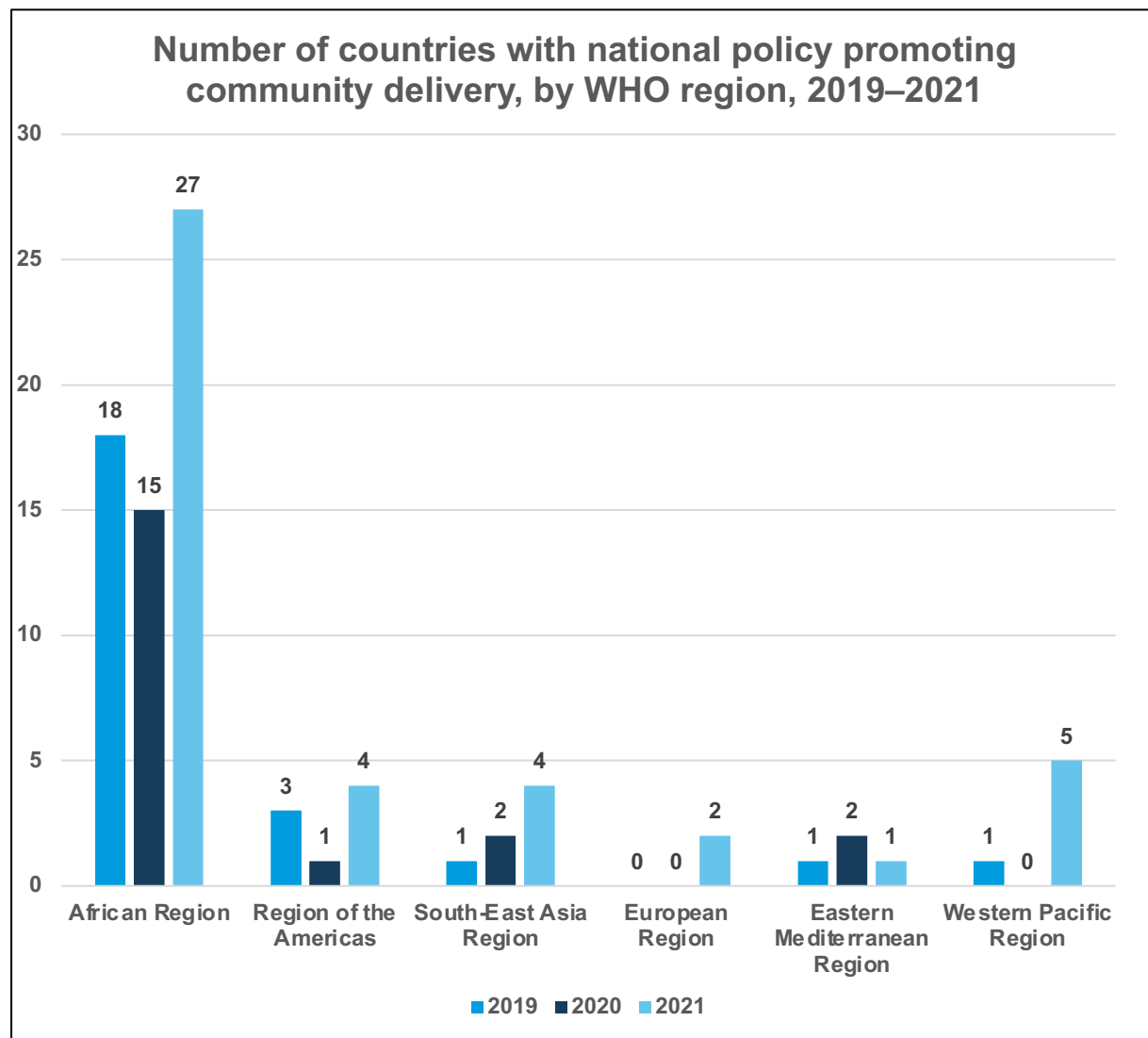
Number of countries with policy on same day ART initiation, by WHO region, 2019–2021



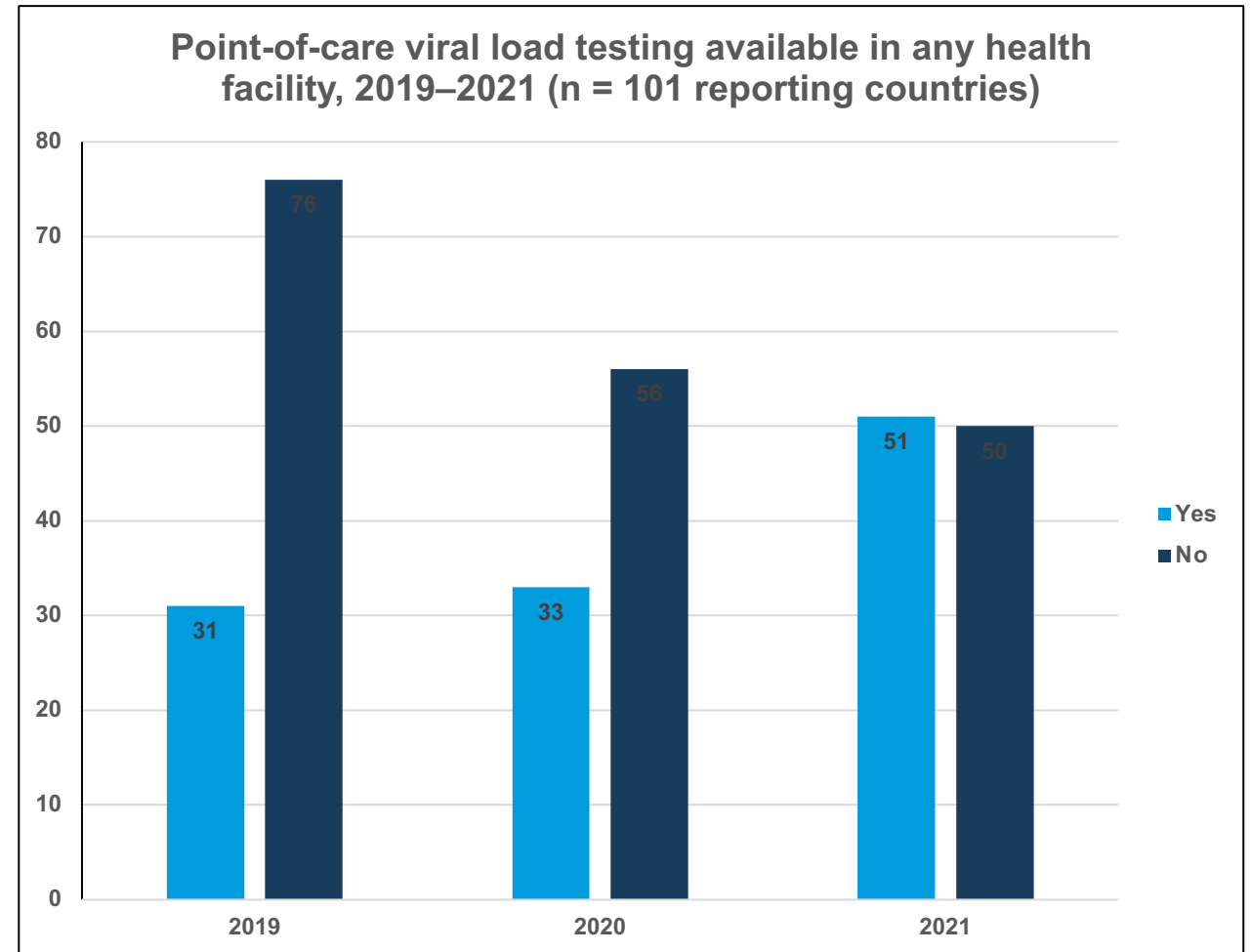
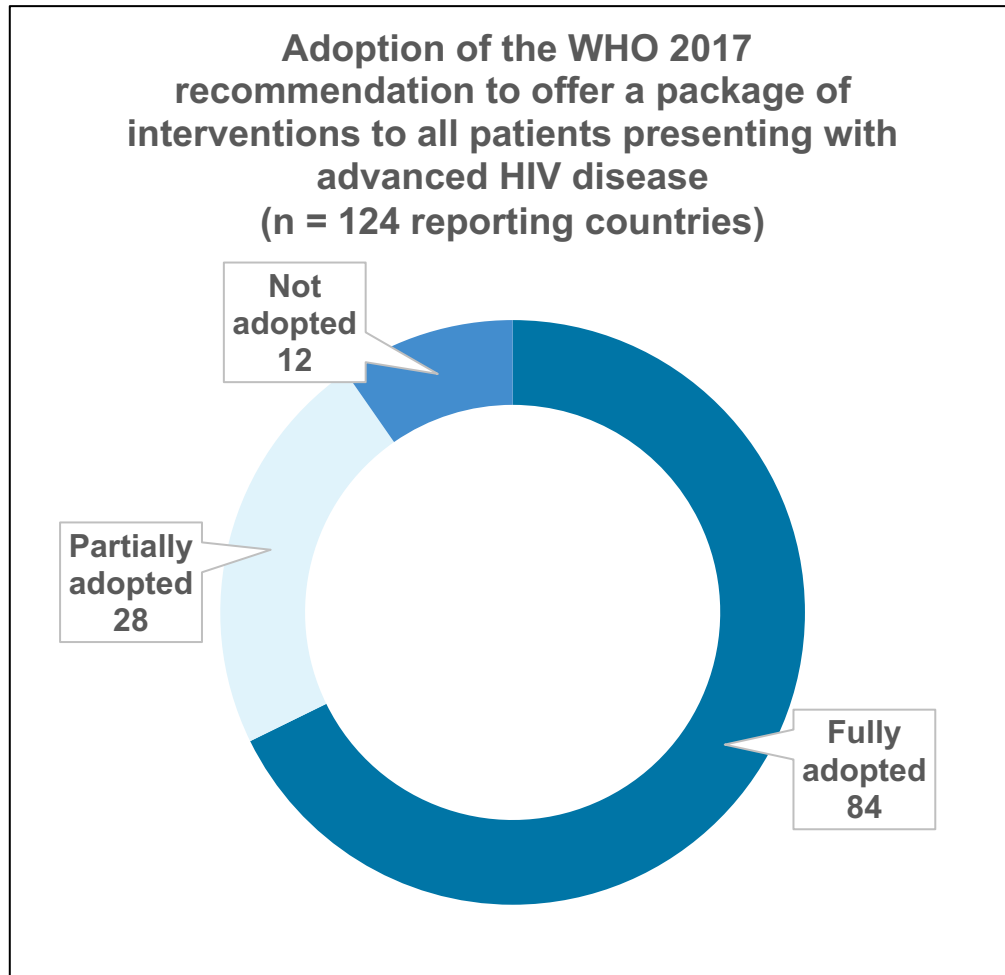
Implementation of rapid initiation policy, 2021 (n = 85 reporting countries)



Community delivery policies, 2020



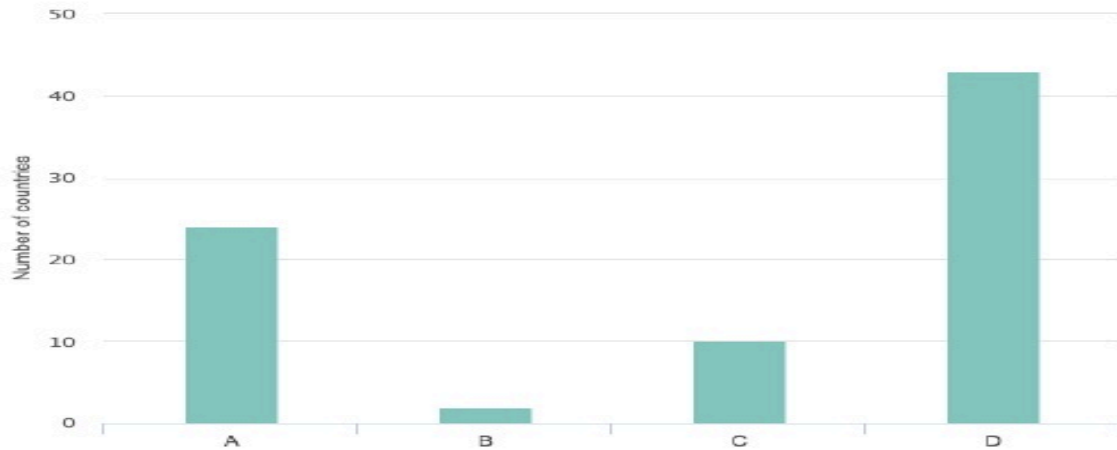
Advanced HIV Disease package adoption, 2020



Frequency of Clinic Visits and ART Pick-up for stable people on ART, 2020

Frequency of clinic visits for people stable on ART in policy, Global, 2020

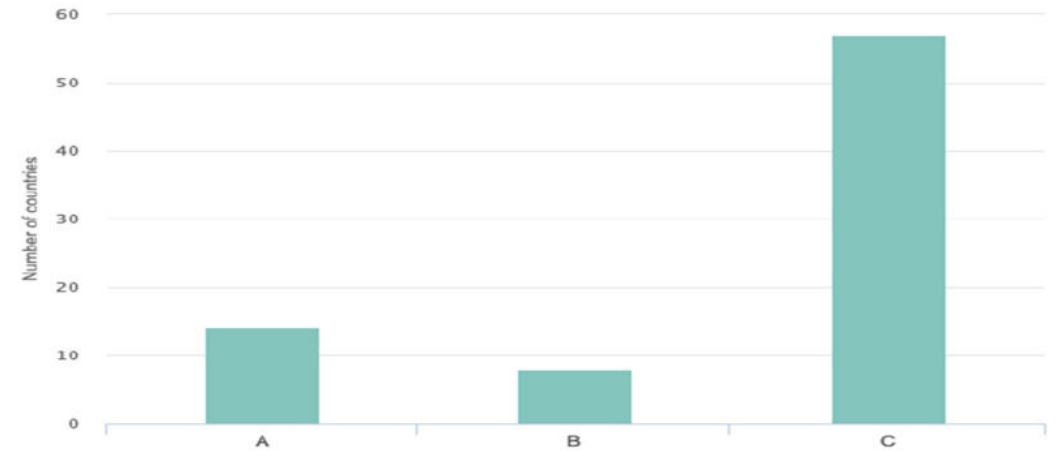
Number of countries : 79



Answer key
A - Every 6 months
B - Every 12 months
C - Once a month
D - Every 3 months

Frequency of ART pick-up for people stable on ART in policy, Global, 2020

Number of countries : 79



Answer key
A - Once a month
B - Every 6 months
C - Every 3 months

EDITORIAL

Silver linings: how COVID-19 expedited differentiated service delivery for HIV

Anna Grimsrud^{1,5}, Peter Ehrenkrantz² and Izukanji Sikazwe³

Corresponding author: Anna Grimsrud, 3 Doris Road, Claremont, Cape Town, 7708, South Africa. (anna.grimsrud@iasociety.org)

Keywords: community; COVID-19; differentiated service delivery; HIV; multi-month dispensing; self-care; services; virtual medicine

SHORT REPORT

Changes in HIV treatment differentiated care uptake during the COVID-19 pandemic in Zambia: interrupted time series analysis

Youngji Jo¹, Sydney Rosen^{2,3}, Karla Therese L. Sy^{2,4}, Bevis Phiri⁵, Amy N. Huber³, Muya Mwansa⁶, Hilda Shakwelele⁵, Prudence Haimbe⁵, Mpande M. Mwenechanya⁷, Priscilla Lumano-Mulenga⁶ and Brooke E. Nichols^{2,3,8,5}

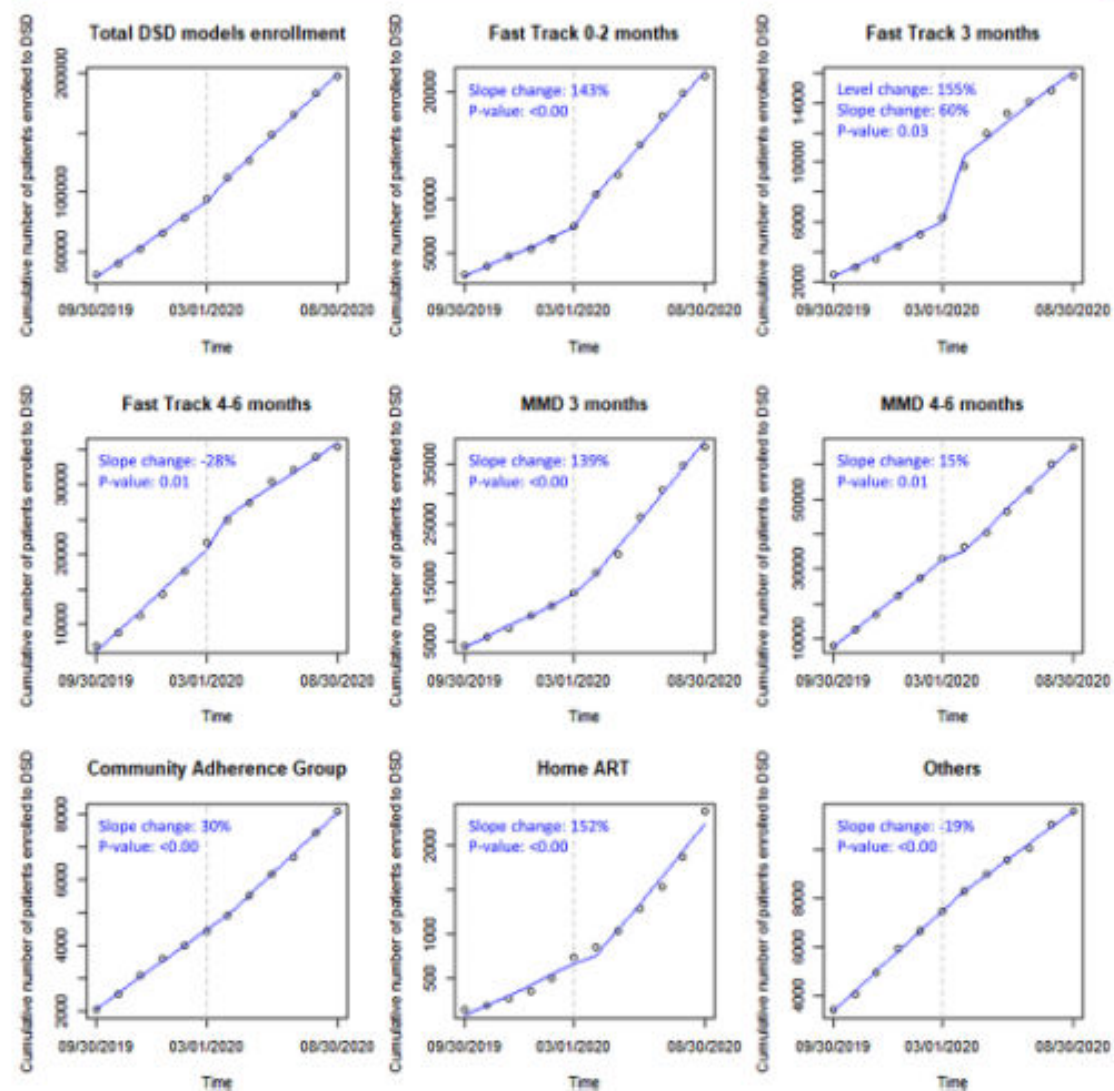


Figure 1. Interrupted time series scatter plot and slope lines for the DSD models before (September 2019 to February 2020) and after (March 2020 to August 2020) 1 March 2020 in Zambia. ART, antiretroviral therapy; DSD, differentiated service delivery; MMD, multi-month dispensing.

2021 Differentiated service delivery for HIV treatment

Revised

These building blocks need to be defined separately for:
ART Refills, Clinical Consultations, and Psychosocial Support

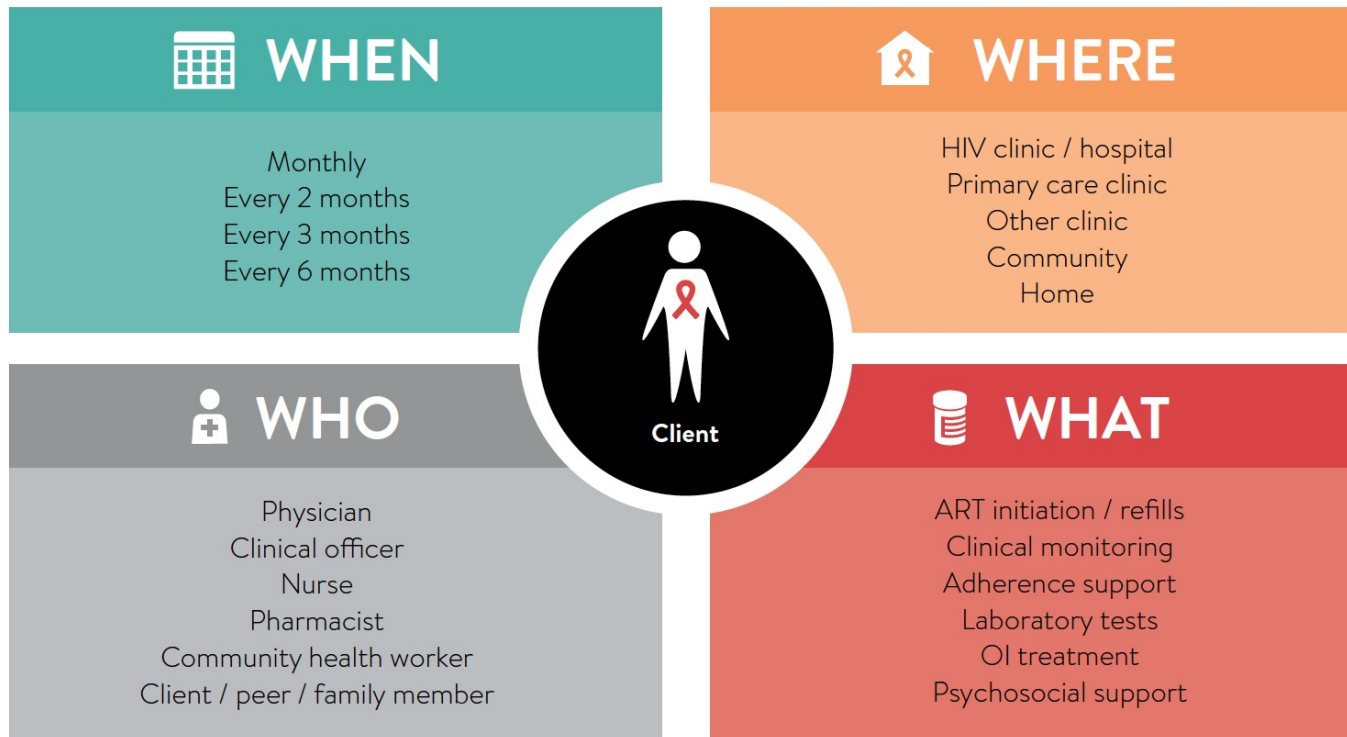
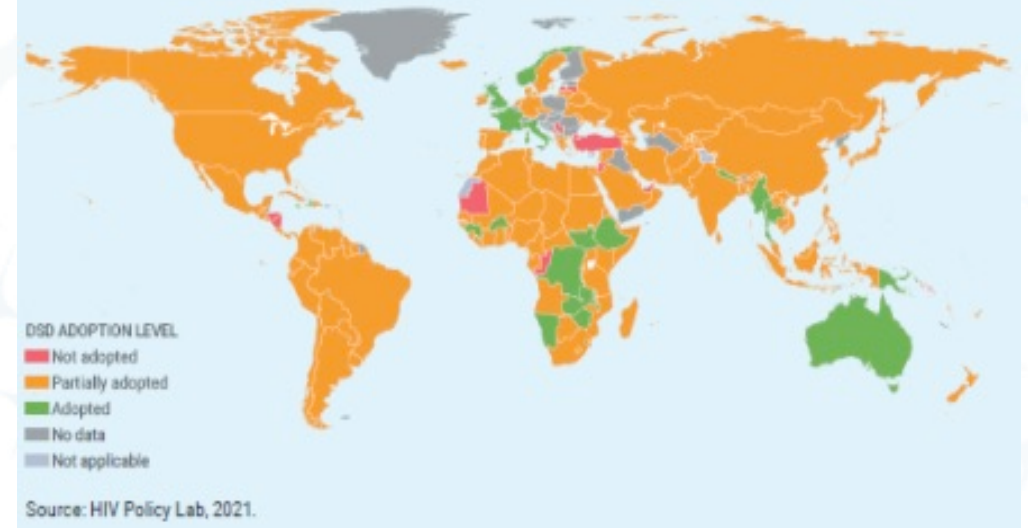


Fig. 25. Policy adoption of differentiated service delivery for HIV, 2020



>60% of new infections are among key populations and their sexual partners

...think KP in the **WHO** and **WHERE**









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.

- The definition of being established on ART is applied to all populations, including children, adolescents, and key populations.
 - Does not EXCLUDE those who are currently pregnant or breastfeeding.
 - Does not EXCLUDE those with well-controlled chronic health conditions.
 - No age criteria.
- months (if available: CD4 count >200 – 350 for <5 years cells/mm³ or weight gain, absence of symptoms and concurrent infections).

WHO Consolidated HIV Guidelines – 2021 **NEW** Service Delivery Recommendations

ART initiation may be offered outside the health facility		Conditional
Clinical visits every 3-6 months, preferably 6 months if feasible*		Strong
ART dispensing every 3-6 months, preferably 6 months if feasible*		Strong
Tracing and support for people who have disengaged		Strong
SRH services, including contraception, may be integrated with HIV services		Conditional
Diabetes and hypertension care may be integrated with HIV services		Conditional
Psychosocial interventions should be provided to all adolescents and young adults living with HIV		Strong
Task sharing of specimen collection and point-of care testing with non-lab personnel when professional capacity is limited		Strong

*People who are established on ART: new definition given

WHO Consolidated HIV Guidelines - 2021 Good practise statements



Health systems should invest in people-centred practices



Same day ART initiation should include approaches to improve uptake, adherence and retention



Non-judgmental, tailored approaches to assessing adherence



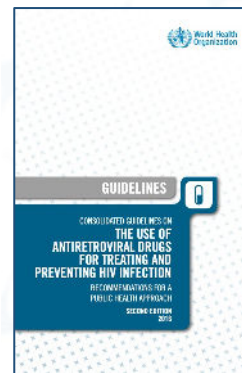
Balanced integration of diagnostic services

Task-sharing of specimen collection and testing

Good practice statement

Trained and supervised non-laboratory staff, including laypeople, can undertake blood finger-prick for sample collection.

NEW



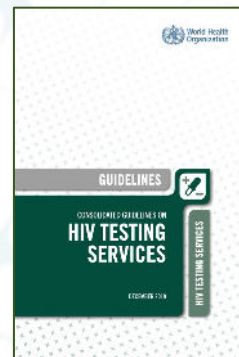
2016

Point-of-care CD4

Point-of-care infant diagnosis

Point-of-care viral load

Additional tests: ALT, Hb, crypto, syphilis



NEW

WHO recommendation

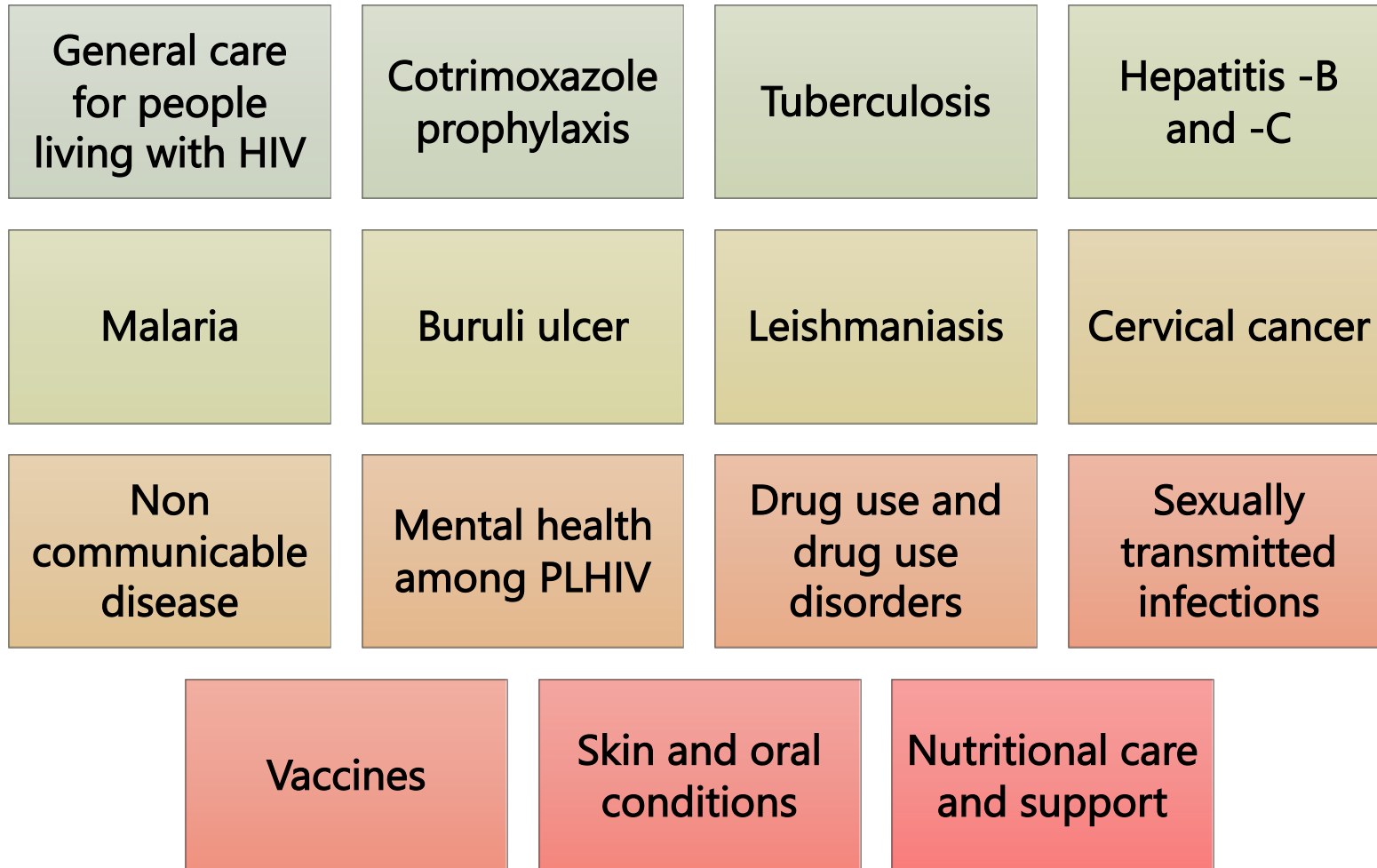
Lay providers who are trained and supervised to use rapid diagnostic tests (RDTs) can independently conduct safe and effective HIV testing services (*strong recommendation, moderate quality of evidence*).

2019

Task sharing of specimen collection and point-of-care testing with non-laboratory personnel should be implemented when professional staffing capacity is limited. (*Strong recommendation; moderate-certainty evidence*)

2021

Strengthened guidance with a focus on a comprehensive approach for the prevention & management of co-morbidities and co-infections



GENERAL CARE AND MANAGING COMMON COINFECTIONS AND COMORBIDITIES

06

6.1	Introduction	2
6.2	General care for people living with HIV	2
6.3.	Co-trimoxazole prophylaxis	7
6.4.	Tuberculosis	13
6.5.	Hepatitis B and C	29
6.6.	Malaria	38
6.7.	Buruli ulcer	39
6.9	Cervical cancer	44
6.10.	Noncommunicable diseases	51
6.11.	Mental health among people living with HIV	54
6.12.	Drug use and drug use disorders	56
6.13.	Sexually transmitted infections	57
6.14.	Vaccines for people living with HIV	61
6.15.	HIV-related skin and oral conditions	65
6.16.	Nutritional care and support	65
6.17.	Palliative care	70
6.18	Noncommunicable diseases among children and adolescents	74

Are new care delivery models effective?

Opportunities to build back better health systems to address inequalities



Studies show the feasibility of introducing innovative approaches for testing, PrEP and ART, OST and other treatment distribution as possible and important solutions in LMIC settings during COVID-19

<p>Testing & Delivery Models</p>	<ul style="list-style-type: none"> Available evidence shows overall high positive acceptance of HIV self-testing among PLWH during lockdown One qualitative paper in Kenya reported reduction of outreach and testing services among sex workers (Q2#15)
<p>Treatment Delivery Models</p>	<ul style="list-style-type: none"> PrEP/ART teleconsultation <ul style="list-style-type: none"> In Brazil, PrEP teleconsultation was experienced by 23% of users, with 89% feeling satisfied and 70% reporting high openness and acceptability to PrEP teleconsultation. (Q2 #1) In Italy, 24% of patients in a large HIV clinic used teleconsulting, with no patients visiting the unit presented with acute COVID. (Q2 #5) In Australia, HIV care continued with 95% and 98% being able to access their HIV provider and antiretroviral therapy (ART), respectively. Telehealth was used by 92% and was largely well received. (Q2 #14) Multi-month dispensing: In Egypt, multi-month dispensing of ART was implemented among a small group of participants (n=40) who self-reported increased adherence. (Q2#2) Telemedicine Pre-Planning: In a randomized trial of visits delivered by telemedicine in the US, HIV patients were randomized to have a pre-visit planning call to address barriers to telemedicine visit versus a standard reminder call. No difference between pre-visit and control in scheduled visit attendance (83% v. 78%, OR 1.38, 95% CI 0.67–2.81). (Q2#3)
<p>Prevention Delivery Models</p>	<ul style="list-style-type: none"> Prevention: One study (UK) used automated SMS messages sent to construction workers with unknown HIV status resulted in 22% subsequently taking a HIV test during 10-week study period. (Q2#4) In Kenya, a virtual outreach program using social media platforms (WhatsApp, Facebook, Grinder) was

#Buildingbackbetter: placing the family at the center

Catch up immunizations

Review immunization card and provide any vaccine that might have been missed during disruptions



Maternal testing and offer family planning

Test mother with unknown status and re-test those who are still breastfeeding providing SRH services such as STI screening and syphilis testing



Nutrition

Evalu
need

These interventions can have a chance of long-term success only if:

- Provided with a **person centered**, differentiated approach.
- Include **psychosocial interventions** to address mental health needs
- Opportunity to **include peers** who would serve as important support
- Support for **HCW**
- Considerations for **vulnerable groups** like adolescents

osis

ants who
resent sick

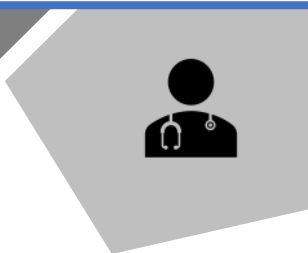
ng

VL adl

Rapid VL
preferably
w

Optimize OIs treatment and prevention

Screening for OIs, treatment and prevention with CTX and IPT as needed.



Rapid ART initiation

Following appropriate counselling ART needs to be initiated rapidly after assessment for AHD

Acknowledgements

WHO Staff

- Nathan Ford
- Lara Vojnov
- Marco Vitoria
- Martina Penazzato
- Rachel Baggaley
- Francoise Renaud
- Boniface Dongmo
- Mazuwa Banda
- Mayada Youssef
- Michael Jordan
- Silvia Bertagnolio
- Morkor Newman
- Wole Ameyan
- Cheryl Johnson
- Ajay Rangaraj
- Seth Inazule
- Andy Seale



Extra Slides



Re-validated Recommendations

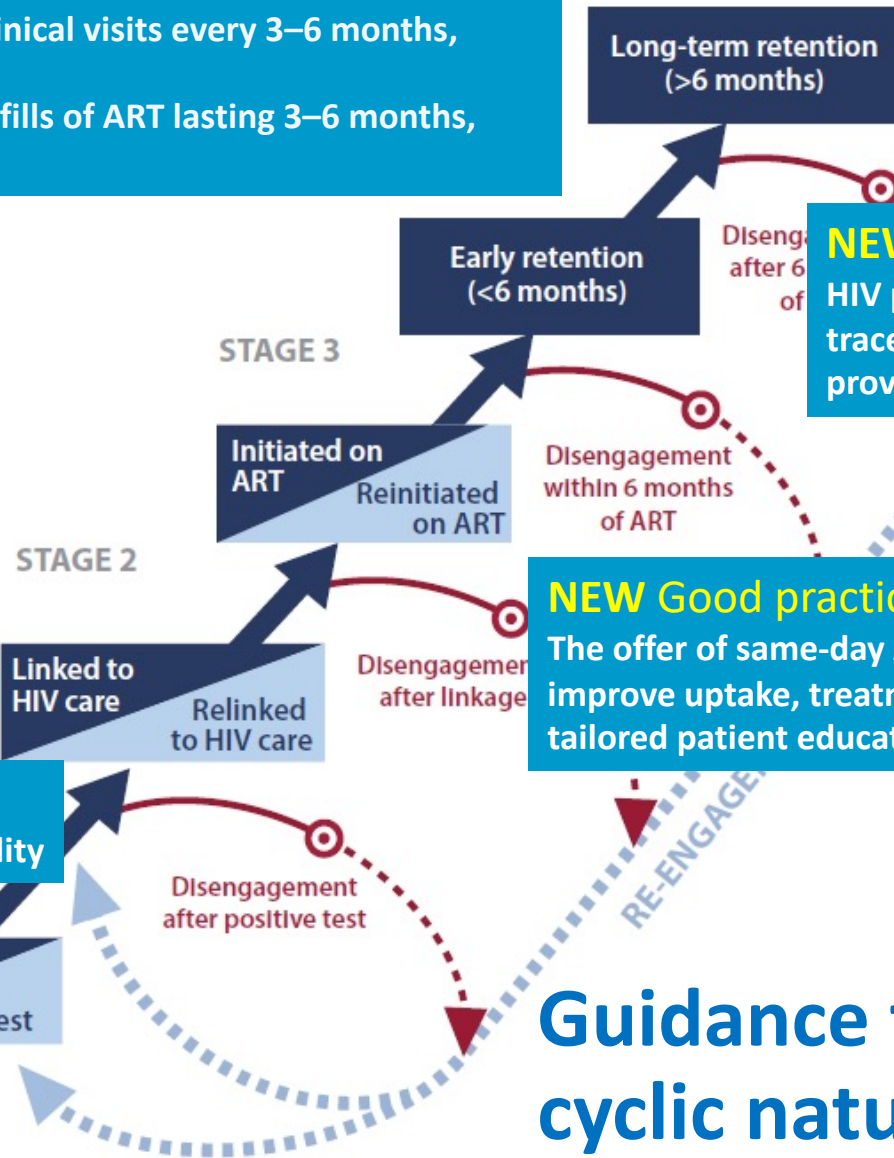
People established on ART should be offered clinical visits every 3–6 months, preferably every six months if feasible
People established on ART should be offered refills of ART lasting 3–6 months, preferably six months if feasible

NEW Recommendation

ART initiation may be offered outside the health facility



HIV test
HIV retest



NEW Recommendation

HIV programmes should implement interventions to trace people who have disengaged from care and provide support for re-engagement

NEW Good practice statement

The offer of same-day ART initiation should include approaches to improve uptake, treatment adherence and retention such as tailored patient education, counselling and support

Guidance that addresses the cyclic nature of HIV care

Point-of-care viral load testing



Point-of-care viral load testing reduces time to results return and clinical action

Recommendation (2021)

Point-of-care viral load testing may be used to monitor treatment among people living with HIV receiving ART (*conditional recommendation, moderate-certainty evidence*).

Source: *Guidelines: updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring (62)*.

Priorities for point-of-care viral load testing

The following populations should be given priority for point-of-care viral load testing:

- Pregnant and breastfeeding women
- Infants, children and adolescents
- People requiring a repeat viral load after a first elevated viral load
- People for whom treatment failure is suspected
- People presenting sick, living with advanced HIV disease or having a known opportunistic infection (TB, cryptococcal infection, etc.)
- First scheduled viral load test for people re-entering care