



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Differentiated service delivery in 2021:
Where are we now?

Anna Grimsrud

Lead Technical Advisor
IAS – the International AIDS Society

17 November 2021

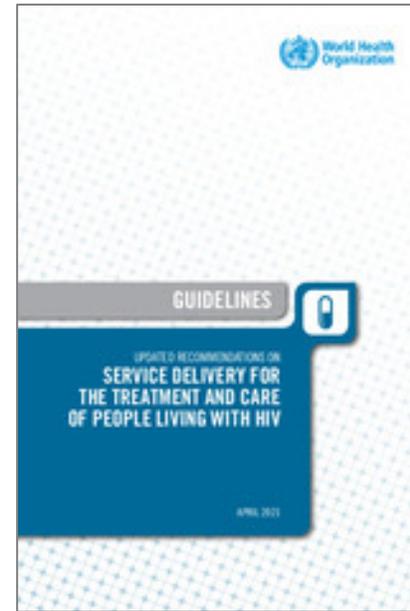


HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

“If you want to go fast, go alone; if you want to go far go together.”

In March 2021, WHO revised their HIV service delivery guidance

- Revised and expanded definition of “established on ART”
 - “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.”
- Re-validated recommendations for ART clinical visits and ART refills
- Outlines four categories of DSD models for HIV treatment
- New recommendations for out-of-facility ART initiation and re-engagement
- New recommendations that sexual and reproductive health (SRH) services, including contraception, and diabetes and hypertension care may be integrated within HIV services



COMMENTARY

Acceleration of differentiated service delivery for HIV treatment in sub-Saharan Africa during COVID-19

Anna Grimsrud^{1,§}  and Lynne Wilkinson^{1,2}

“We reviewed national interim guidance provided for HIV service delivery during COVID-19 across sub-Saharan Africa documenting policy adaptations. In addition, data shared through webinars, virtual conferences and from partners were assessed to highlight the implementation of these policy adaptations.”

1. Expanding eligibility

2. Extending the duration of ART refills and prescriptions

Adaptations to DSD for HIV treatment in response to COVID-19

3. New out-of-facility/community-based models

4. Integrating/aligning ART refills with other preventive and chronic medications



National policy dashboards of differentiated service delivery for HIV treatment

June 2021

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Dashboards on eligibility criteria

- Time on ART before eligible for DSD for HIV treatment
- Eligibility for pregnant and breastfeeding women in DSD for HIV treatment
- Eligibility of children (0-14 years) in DSD for HIV treatment
- Eligibility of older adolescents (15-18 years) in DSD for HIV treatment
- Regimens eligible in DSD for HIV treatment

Dashboards on duration of ART refills and frequency of clinical consultations

- Maximum duration of ART refills for adults in DSD for HIV treatment
- Maximum duration of ART refills by age group
- Frequency of clinical consultations among those in DSD for HIV treatment models

Dashboards on integration of other health services

- Integration of TB preventive therapy in DSD for HIV treatment models
- Integration of NCD treatment refills in DSD for HIV treatment models
- Integration of FP commodities in DSD for HIV treatment models

Dashboards on community-based and group models

- Endorsement of group models of DSD for HIV treatment
- Endorsement of community models of DSD for HIV treatment

Available on:
www.differentiatedservicedelivery.org
or directly at bit.ly/DSDdashboards

DSD science

- Conference content
 - [Summary from IAS 2021](#)
- Peer-reviewed science
 - Supplement in the Journal of the International AIDS Society
<https://bit.ly/DSD-HIV>
- Implementation experiences



 IAS 2021

Differentiated Service Delivery for HIV during COVID-19: Lessons and Opportunities

Guest Editors: Anna Grimsrud, Peter Ehrenkranz, Izukanji Sikazwe



Earlier eligibility

- Countries have moved from 12 month on ART to 6 months on ART (many in advance of WHO)



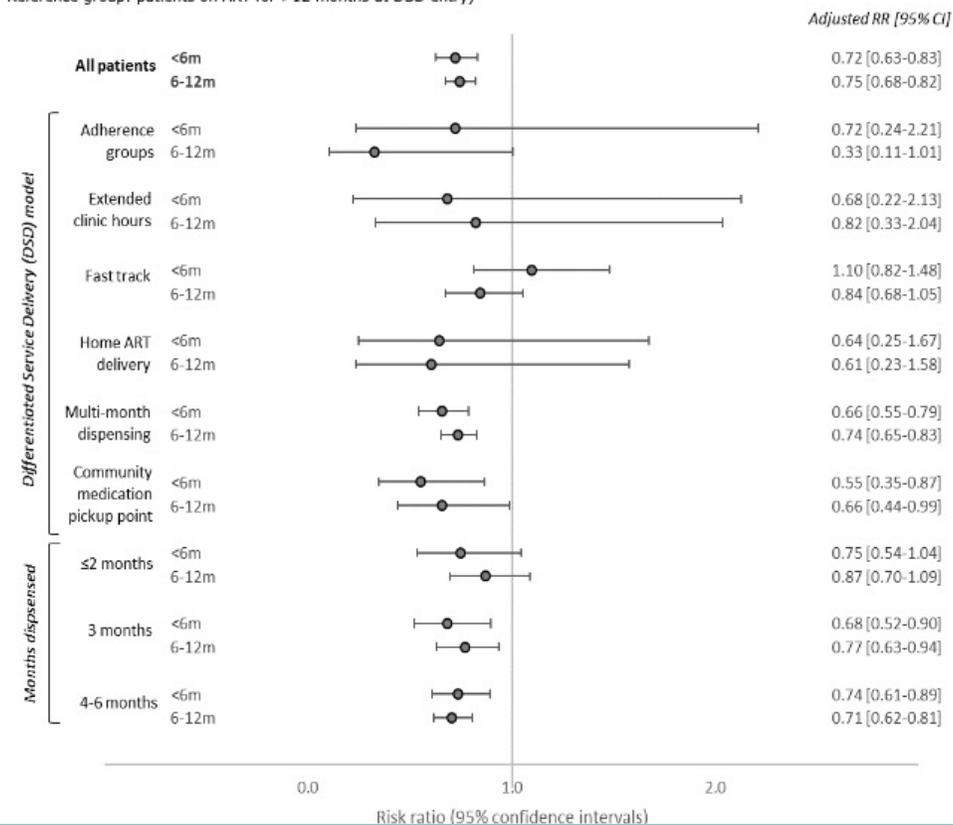
Community-based differentiated service delivery models incorporating multi-month dispensing of antiretroviral treatment for newly stable people living with HIV receiving single annual clinical visits: a pooled analysis of two cluster-randomized trials in southern Africa

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>

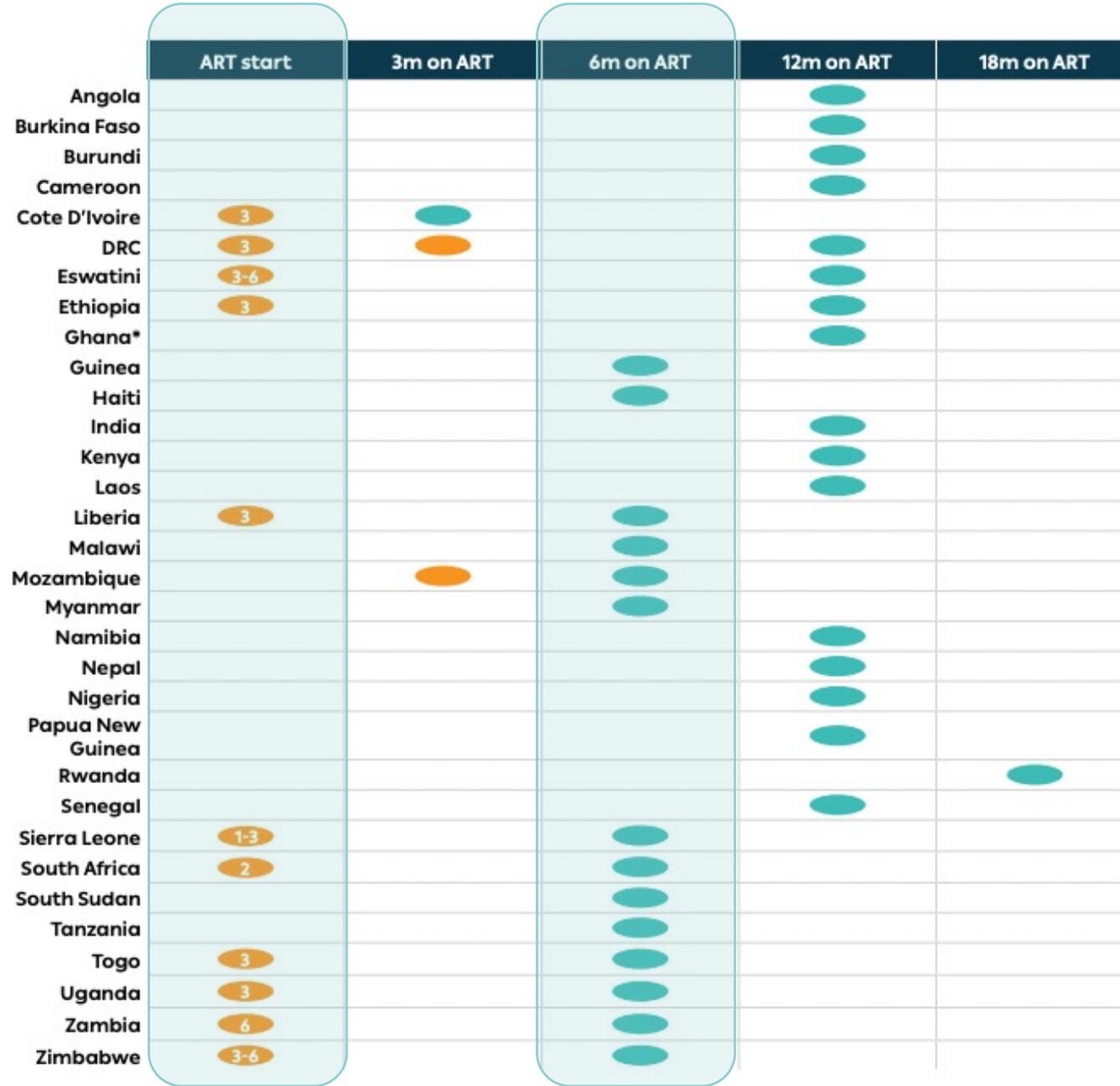
Figure 1. Adjusted relative risk of LTFU within 12 months of DSD enrolment for patients enrolled early (<6 or <12 months) after ART initiation*

*Reference group: patients on ART for >12 months at DSD entry)



Patients enrolled in DSD models early (after <6m or 12 months on ART) were retained in care as well as those enrolled after 12 months on ART

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.

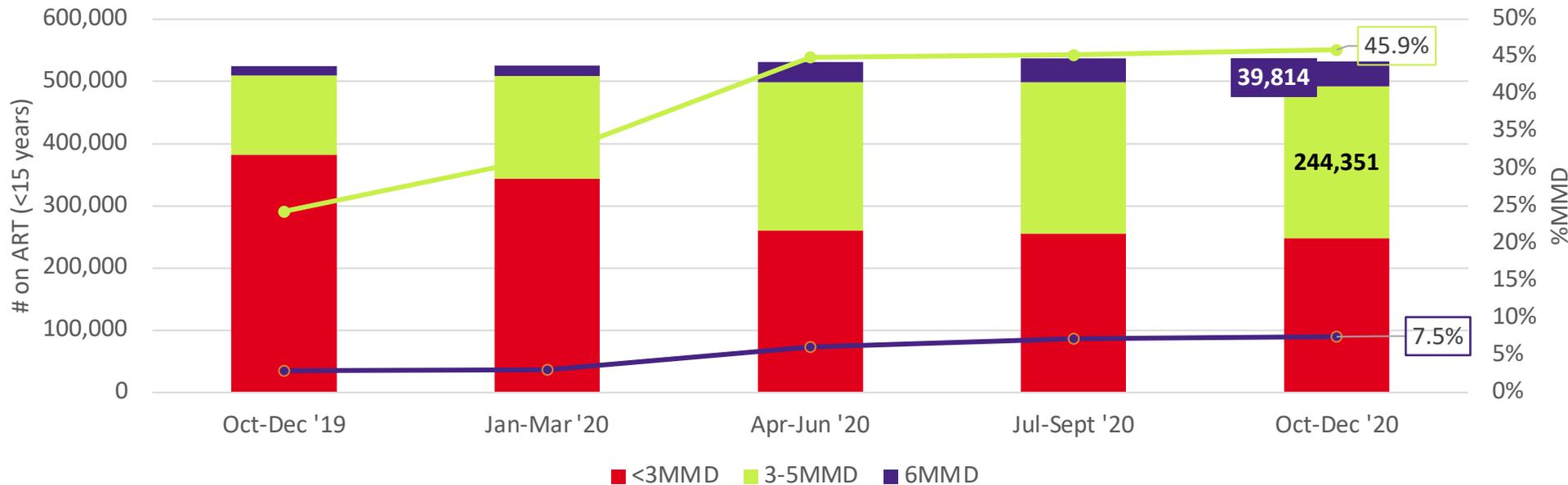
Notes

Ghana: May receive 3MMD from 6M on ART

bit.ly/DSDdashboards

Increase in multi-month dispensing (MMD), including for 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%.

Evidence for inclusion regardless of regimen

JIAS | JOURNAL OF THE INTERNATIONAL AIDS SOCIETY
Open Access



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.”

Looking ahead





	Excluded	Not specified	Limited inclusion		
			Stable before this pregnancy	Postpartum	Pregnant
Angola					
Burkina Faso					
Burundi					
Cameroon					
Cote D'Ivoire					
DRC					
Eswatini*					
Ethiopia					
Ghana*					
Guinea*					
Haiti*					
India					
Kenya					
Laos					
Liberia					
Malawi					
Mozambique*					
Myanmar					
Namibia*					
Nepal					
Nigeria					
Papua New Guinea					
Rwanda					
Senegal					
Sierra Leone					
South Africa*					
South Sudan*					
Tanzania					
Togo					
Uganda*					
Zambia					
Zimbabwe*					

Key

- National policy
- COVID-19 policy adaptation
- Only alignment of MMD and ANC/PNC visits
- 3MMD only

References

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

Notes

1. Increase the number of countries that support pregnant and breastfeeding women having the option to remain in DSD for HIV treatment models during their pregnancy and postpartum period

South Sudan: Stable before this pregnancy: only eligible if already in a DSD model and VL<1000 in last 3M; Postpartum: Only qualify as stable after 12M on ART, and if infant is HIV negative

Uganda: Stable before this pregnancy: Only eligible if aligned with ANC/PNC visits; Postpartum: Only qualify as stable after 12M on ART

Zimbabwe: Only eligible if aligned with ANC/PNC visits

2. Advocate for annual clinical visits to align with viral load monitoring

SHORT REPORT

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^{1,2,5}, Nicoletta Ngorima-Mabhena¹, Appolinaire Tiam³, Betty Bawuba Tukei⁴, Tonderai Kasu⁵, Trish Muzenda^{1,6}, Khotso Maile⁴, Carl Lombard^{2,7}, Charles Chasela^{8,9} and Ashraf Grimwood¹

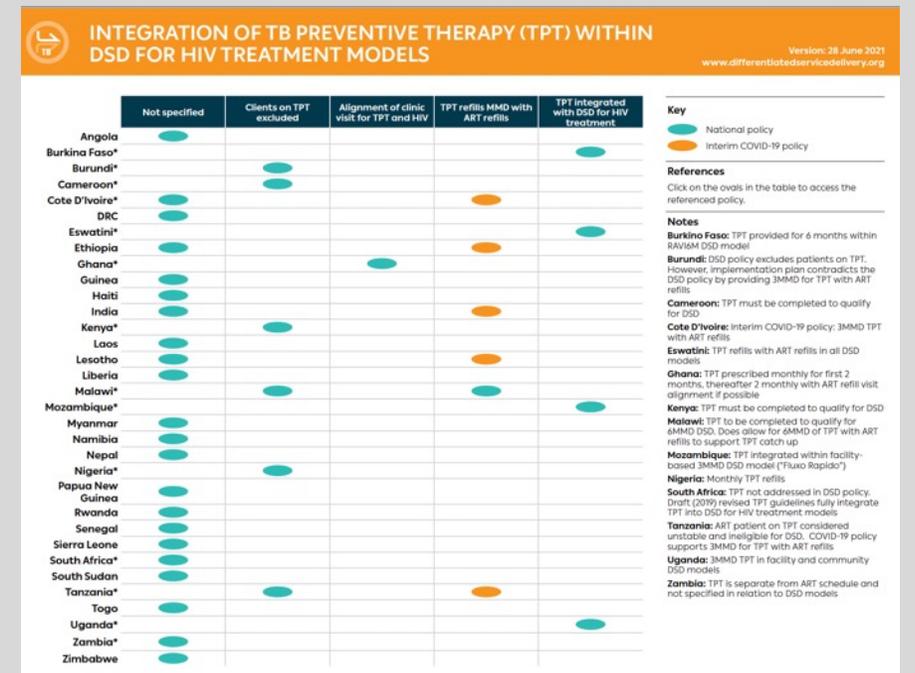
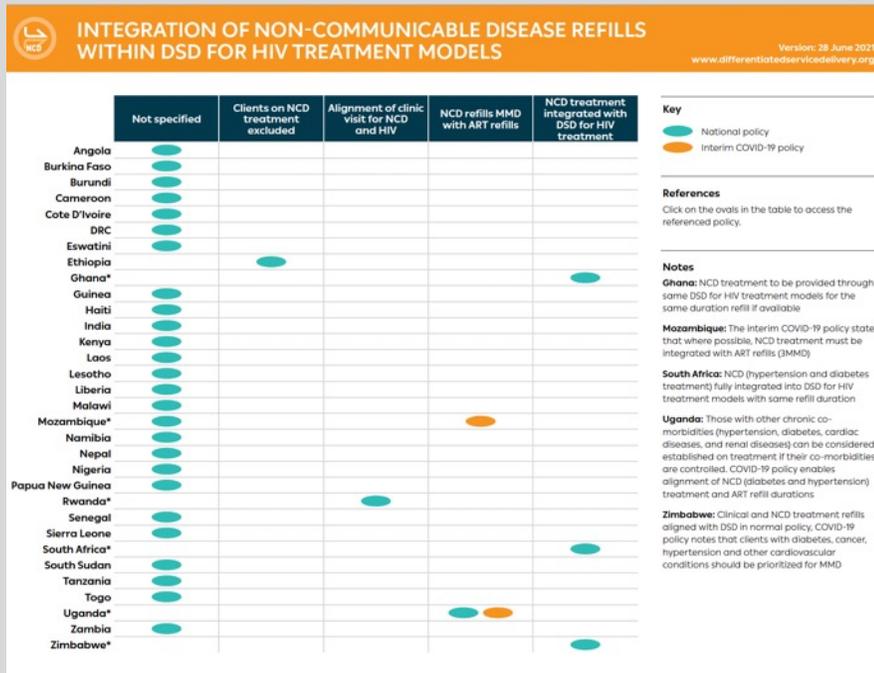
“Community-based DSD incorporating three- and six-monthly ART refills and single annual clinical visits were at least non-inferior to standard facility-based care amongst newly stable ART clients aged ≥ 25 years.”



In response to COVID-19, change to regulations enabling annual clinical visits.

3. Work towards greater integration of services for those in DSD for HIV treatment models

Without doing this, loss of efficiency provided by DSD for both the client and the health system





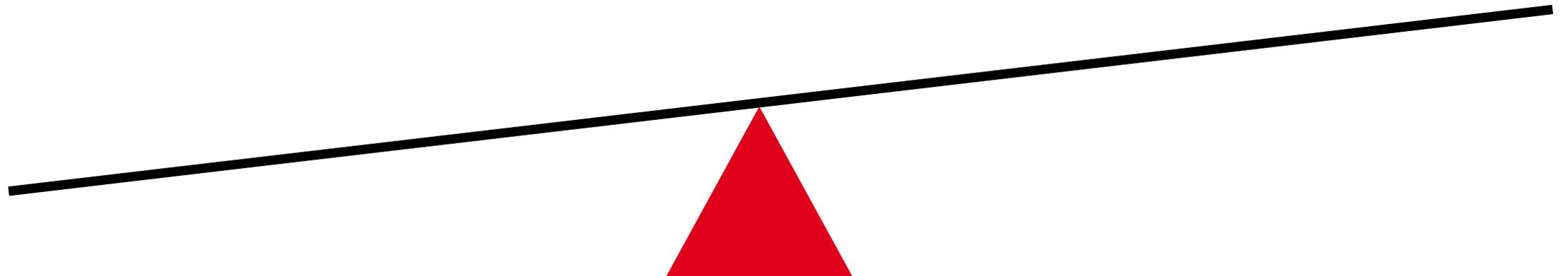
AIDS 2022

29 July – 2 August

Montreal & virtual

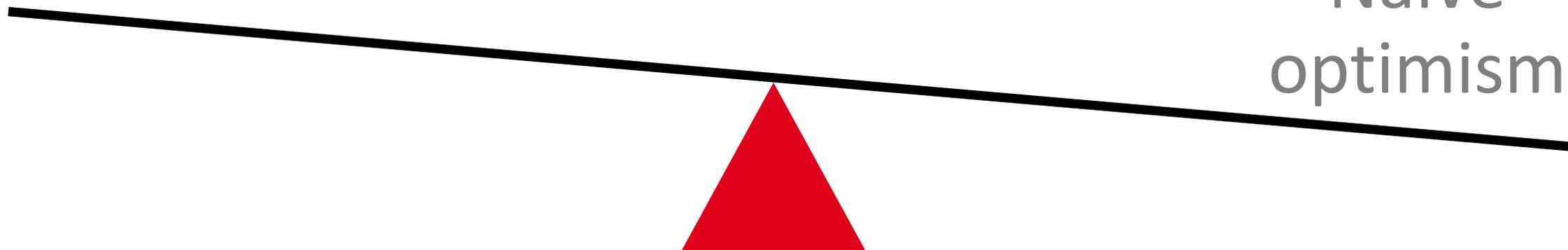
Re-engage and follow the science

Naïve
optimism



Apocalyptic doom
and gloom thinking

Naïve
optimism



RADICAL HOPE

Apocalyptic doom and gloom
thinking

Naïve optimism

- Face challenges and take action
- Requires global cooperation
- Part of global justice

RADICAL HOPE

Apocalyptic doom and gloom
thinking

Naïve optimism

**To be truly radical is to make hope possible, rather than despair
convincing.**

– Raymond Williams

“It is now essential for countries to actively review interim policy changes and their implementation to determine which DSD adaptations are appropriate to continue beyond the COVID-19 pandemic”

Grimsrud A & Wilkinson L. Acceleration of differentiated service delivery for HIV treatment in sub-Saharan Africa during COVID-19. JIAS, 2021.