



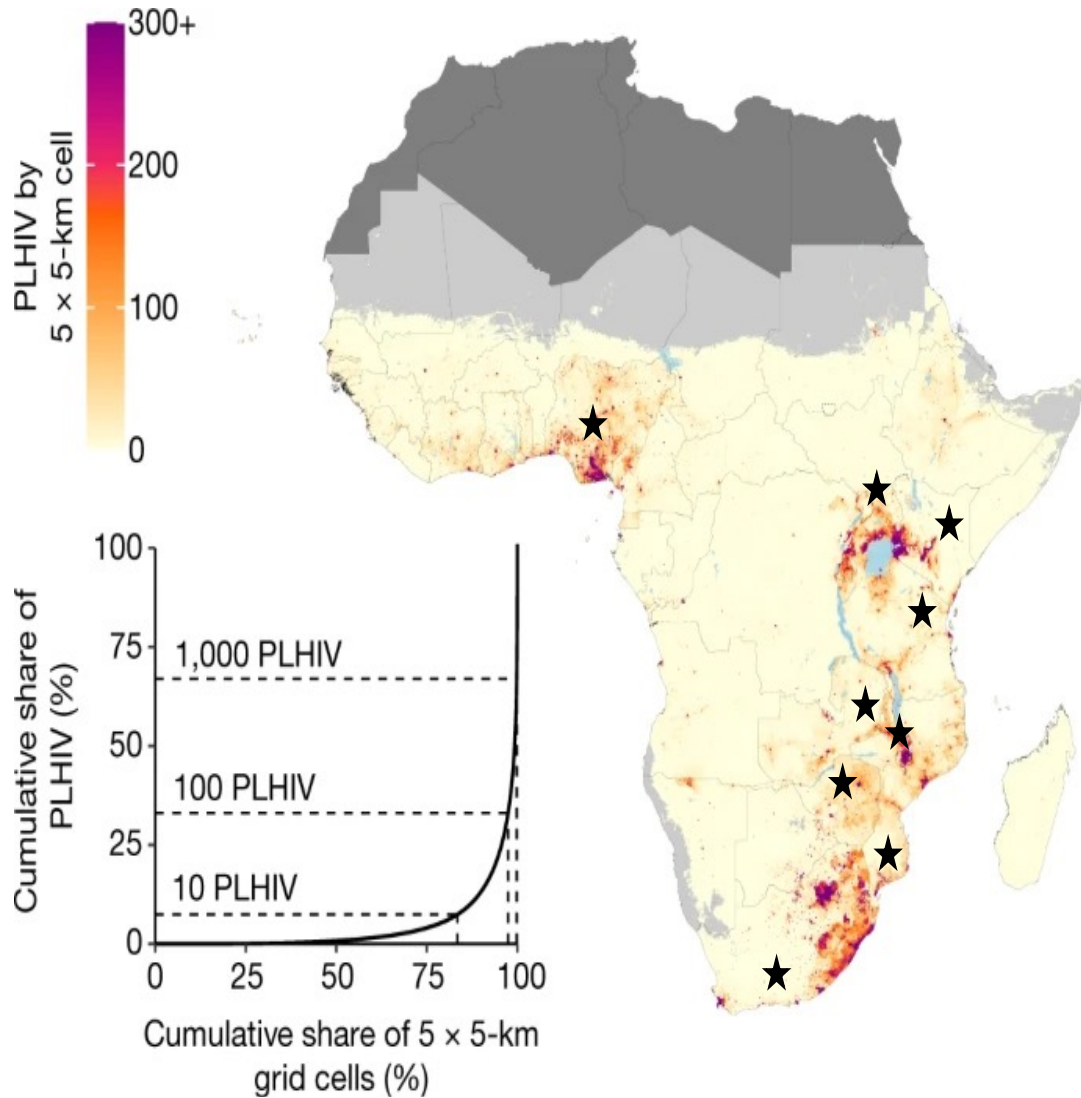
DSD: where are we now? | View from Global Fund

CQUIN Presentation

November 12, 2021

Siobhan Crowley – on behalf of The Global Fund

9 countries in our portfolio account for over half of PLHIV on treatment and over \$3 billion NFM Global Fund 2020-22 investment

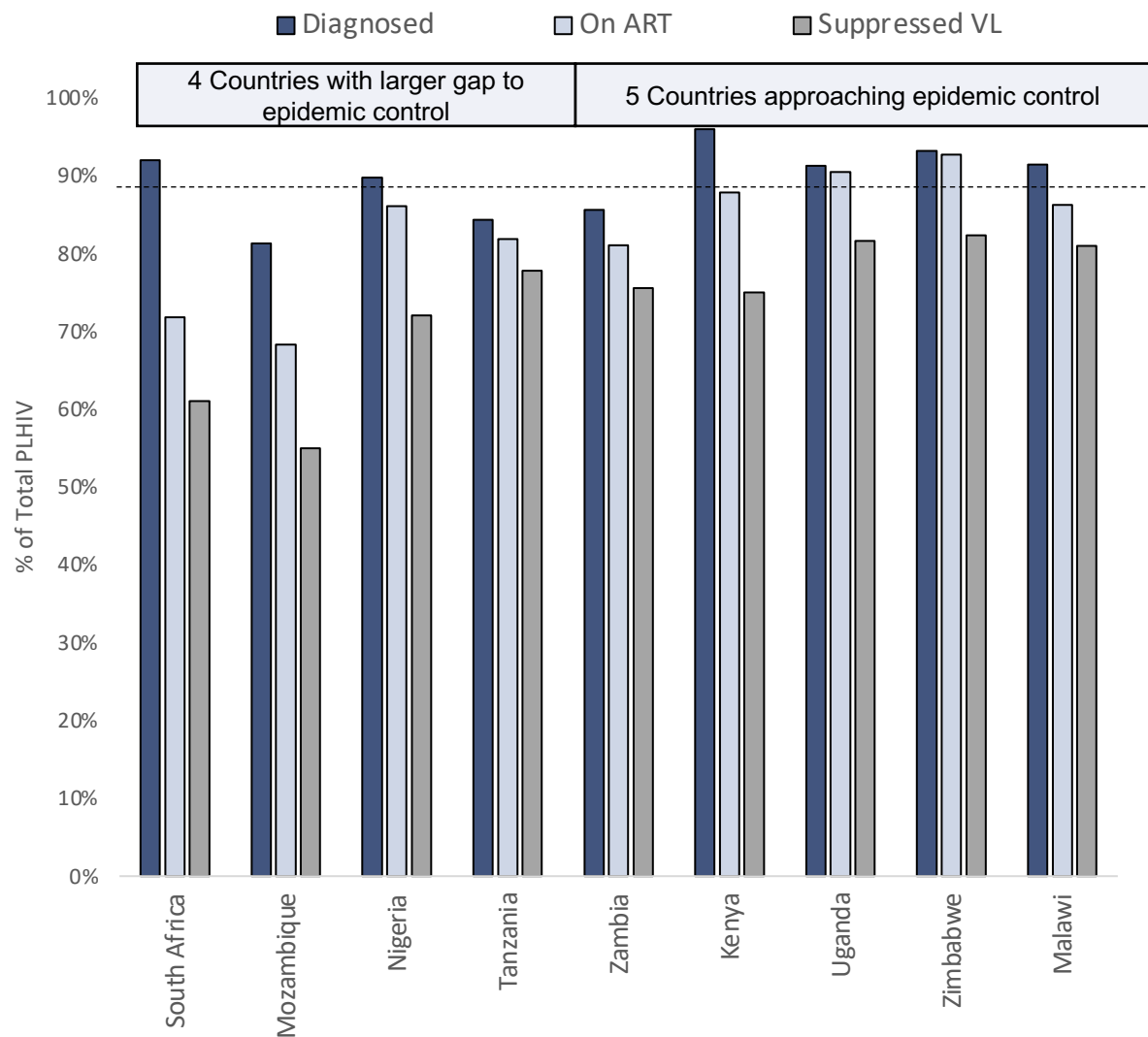


9 Countries	Total PLHIV %	Total PLHIV on ART %	Total new infections %	Global Fund 3-year 2020-2022 allocations
(1) South Africa	7,800,000 (21%)	5,599,664 (20%)	230,000 (15%)	\$491m
(2) Mozambique	2,100,000 (6%)	1,402,900 (5%)	98,000 (7%)	\$496m
(3) Nigeria	1,700,000 (5%)	1,492,151 (5%)	86,000 (6%)	\$308m
(4) United Republic of Tanzania	1,700,000 (5%)	1,422,782 (5%)	68,000 (5%)	\$364m
(5) Zambia	1,500,000 (4%)	1,179,031 (4%)	69,000 (5%)	\$234m
(6) Kenya	1,400,000 (4%)	1,229,955 (4%)	33,000 (2%)	\$282m
(7) Uganda	1,400,000 (4%)	1,279,427 (5%)	38,000 (3%)	\$289m
(8) Zimbabwe	1,300,000 (3%)	1,184,901 (4%)	25,000 (2%)	\$425m
(9) Malawi	990,000 (3%)	853,032 (3%)	21,000 (1%)	\$405m
Total - 9 countries	19,890,000 (53%)	15,643,843 (57%)	668,000 (45%)	\$3,294m
Total - Global	37,700,000	27,500,000	1,500,000	

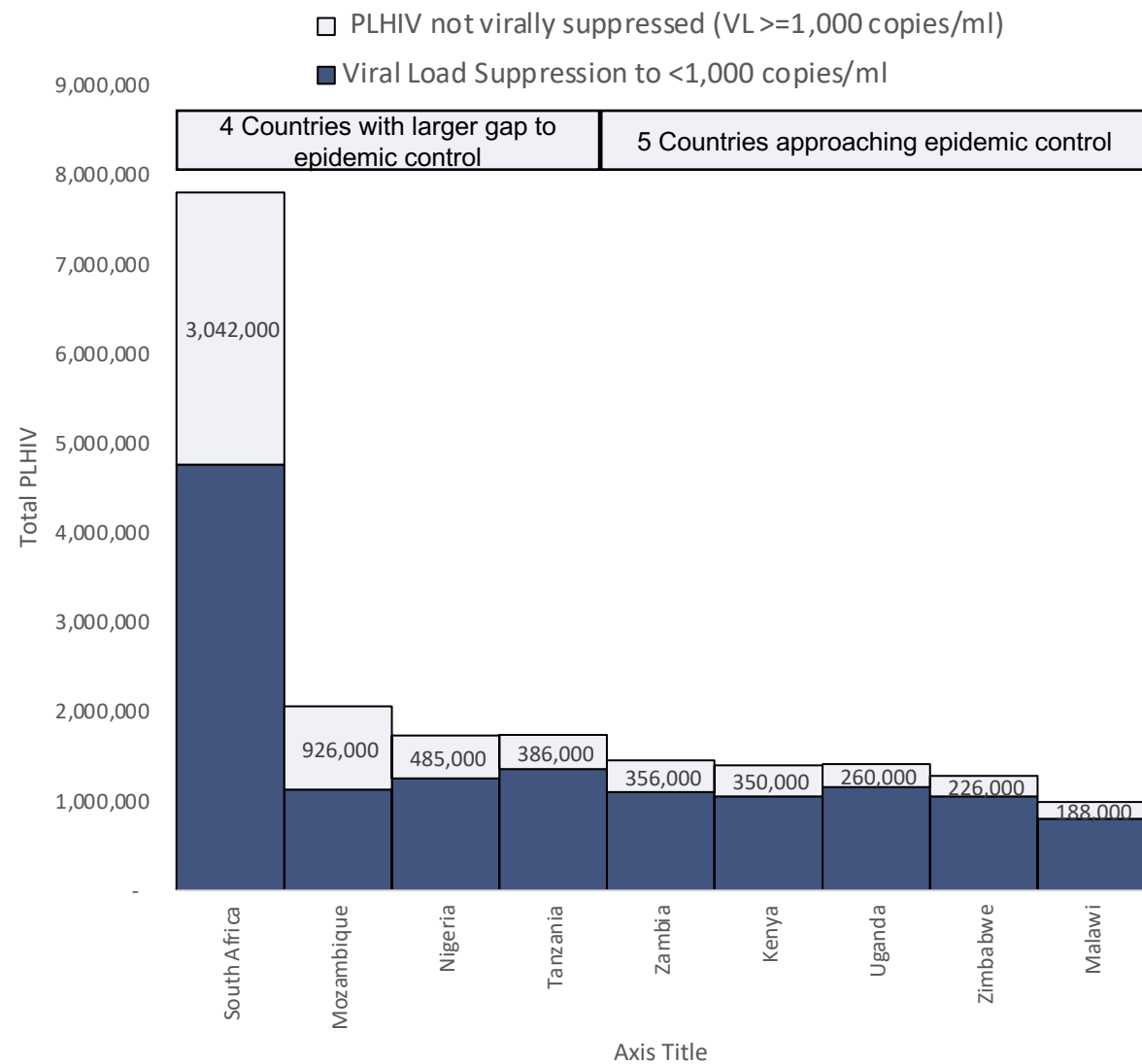
Source: UNAIDS AIDSInfo

9 Country Progress to 95-95-95 | 6.2 million (31%) of 19.9 million PLHIV were not virally suppressed by end of 2020

Progress to 95-95-95 in 9 Countries

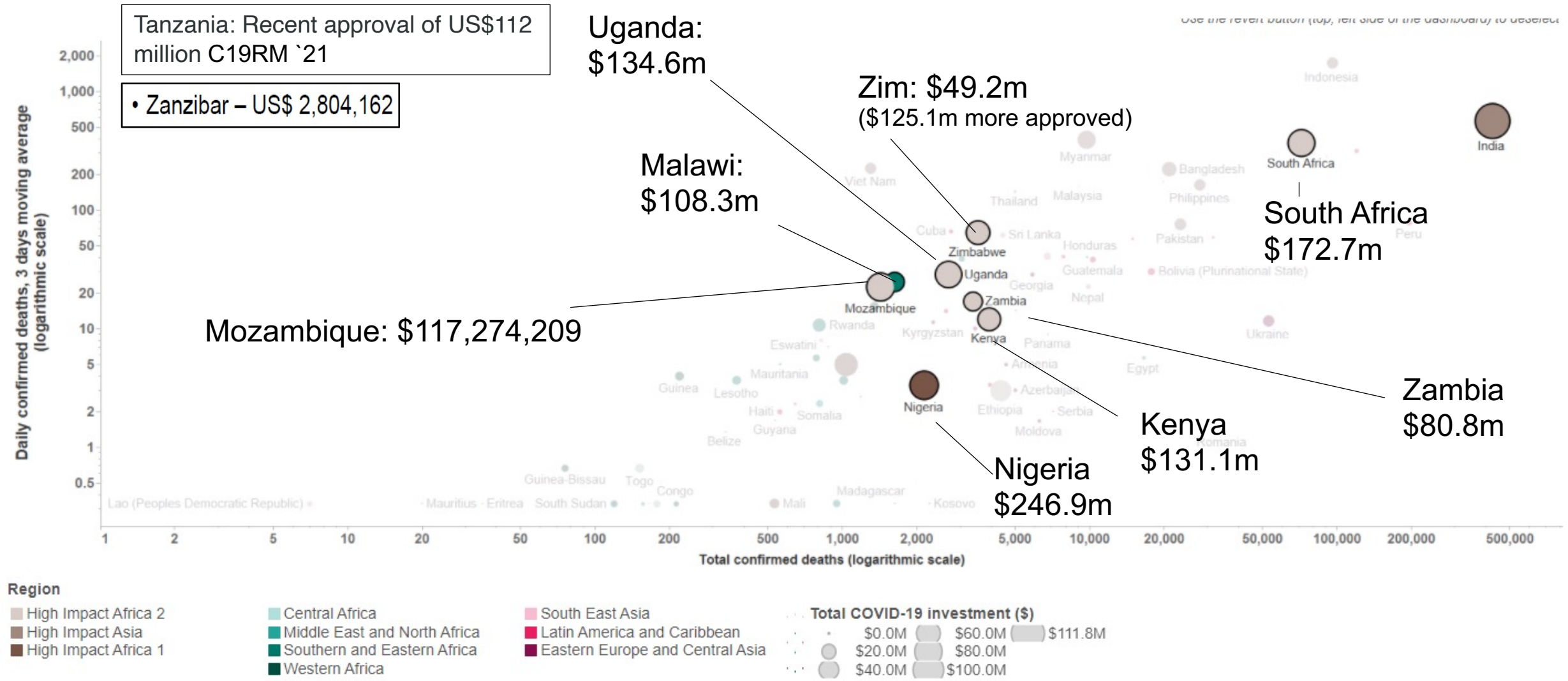


Progress to Achieving VL Suppression in 9 Countries



Source: UNAIDS AIDSInfo website (2020 data)

COVID-19 Response Mechanism Funding Approved or Disbursed by November 5, 2021 | Over 1.3 Billion Additional Dollars Disbursed to 9 Countries



COVID-19 deaths Data Source: WHO

Source: C19RM Program Dashboard data: https://analytics.theglobalfund.org/#/views/GFCOVID-19Disruptions_16179817570750/Covid-19Context?iid=4 ;

Zimbabwe IC power point review: [here](#)

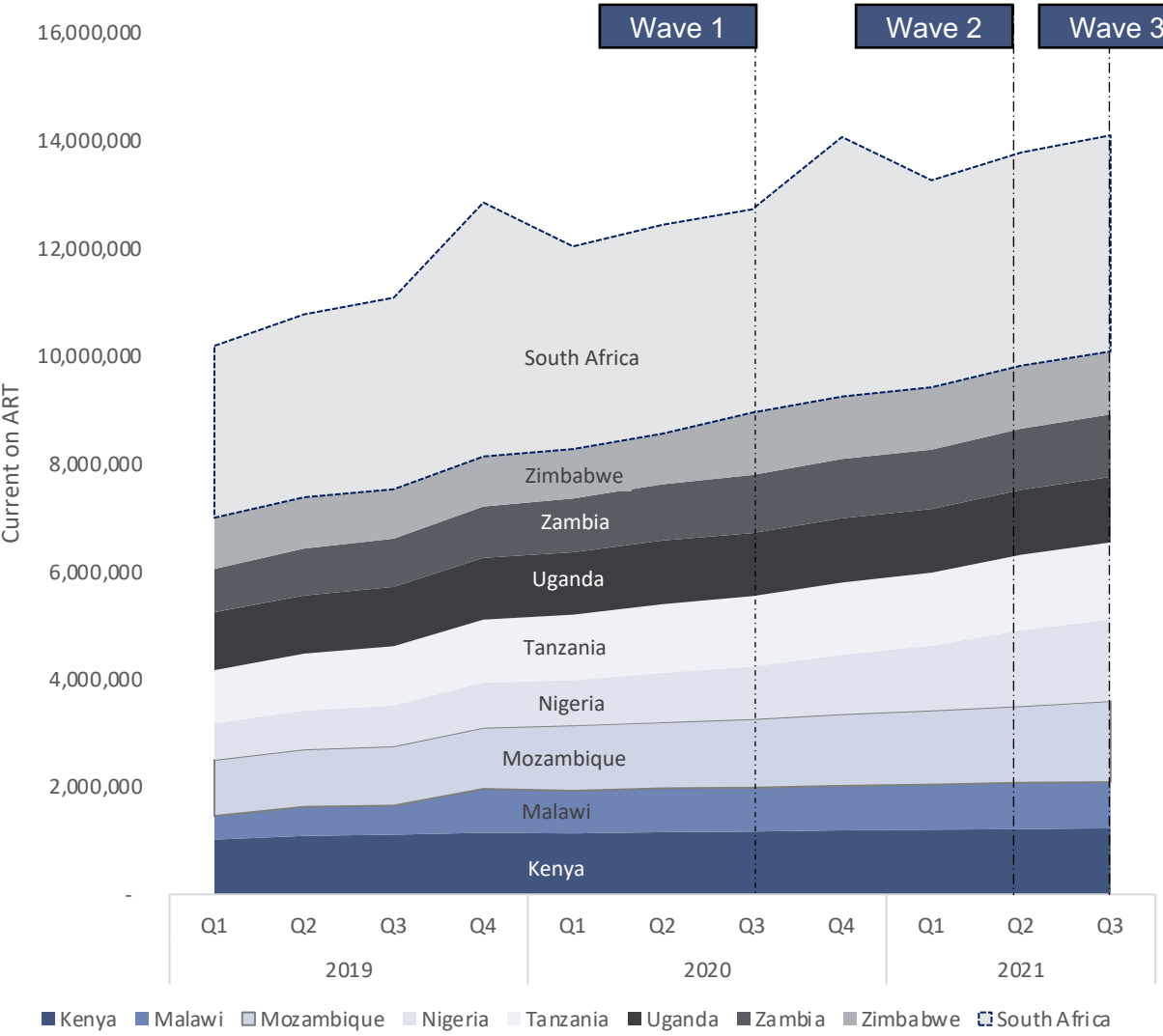
Spreadsheet shared by C19RM Secretariat on 5 November

All 9 Countries Rapidly Adopted 5 “Must Have” COVID-19 Adaptations

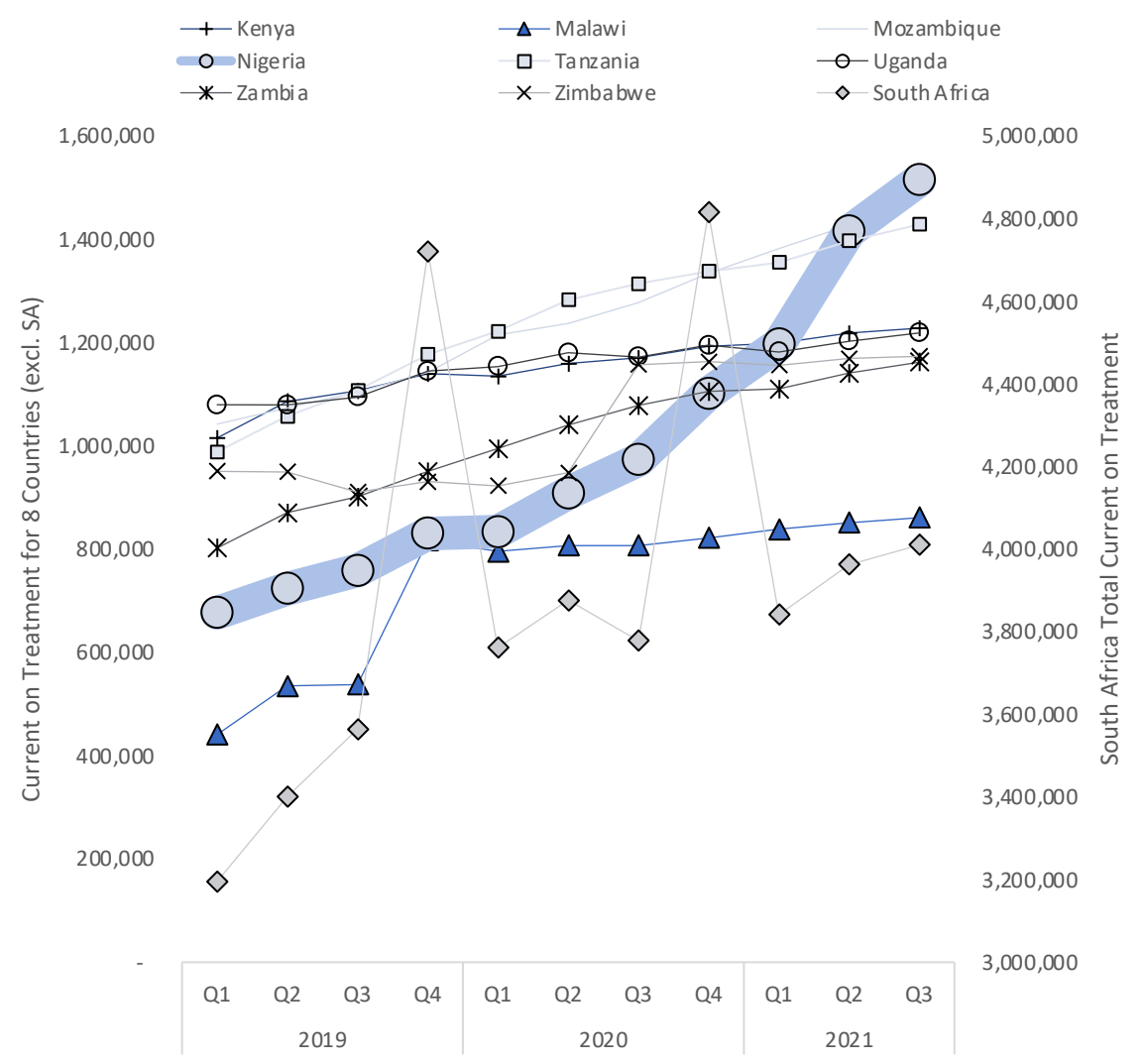
Most Common Types of Interventions*	Examples of Country-Specific Interventions, Adaptations, and Innovations	Nigeria	South Africa	Mozambique	Tanzania	Zimbabwe	Zambia
1. Multi-month dispensing of prevention, care and treatment products	· Expanded MMD eligibility (e.g., MMD regardless of VL suppression status and age, MMD for TB preventive therapy (3 months))						
	· Pre-packaged ARVs for fast-track refill						
2. Out-of-facility dispensing of prevention, care and treatment products (pharmacy, community, outreach, virtual)	· Community ARV dispensing via mobile brigades						
	· Home ART delivery						
	· Community-based organization and staff incentives during shutdown periods						
	· Community case management team pairing with clients who live in proximity to each other						
	· Synchronized VL sample collection with ARV refills						
	· Client feedback surveys to inform what’s working or needs to be scaled						
	· Case conferencing between clinicians and community healthcare workers on clients enrolled in community programs						
3. Virtual service delivery through telephone or online platforms (triage, linkage, follow-up, adherence and other support)	· Culturally-specific strategies for HIV screening and ARV dispensing (e.g., using chiefs’ palaces/homes as hubs)						
	· Client telephone/SMS interactions in lieu of facility visits for psychosocial and adherence support, adverse event monitoring, defaulter tracing, test results’ delivery, and education						
	· Support groups using WhatsApp and other virtual platforms to provide support without in-person contact						
4. Differentiated HIV testing – including through self-testing (HIVST) and out-of-facility models.	· Phone-based enhanced adherence counseling (EAC) for high VL clients, high VL results’ delivery and COVID-19 messaging						
	· Scale-up of HIV Self testing						
5. KP and AGYW Prevention Programming adaptations (PPE, smaller group sizes, mobile, outreach or virtual enhancements)	· Virtual mapping of KP “hotspots” and services.						
	· Virtual AGYW training and outreach and virtual supervision of programs, especially with school closures						

Through the 3 pandemic waves, in the 9 focus countries, growth of the ART cohort was overall maintained with some countries, like Nigeria, accelerating growth of the cohort

Current on ART Growth in 9 Countries



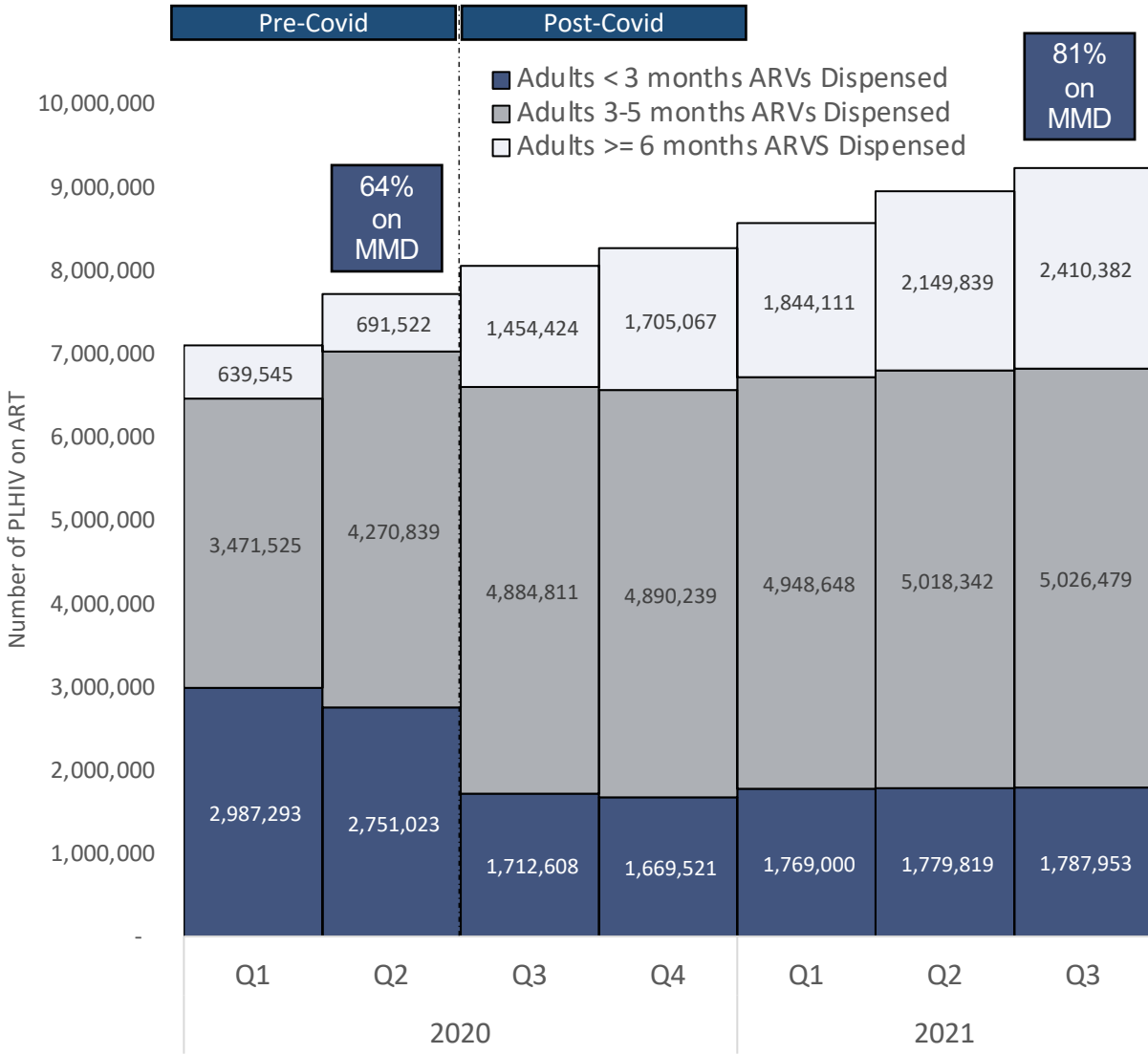
Nigeria surged ART Cohort Growth despite COVID-19



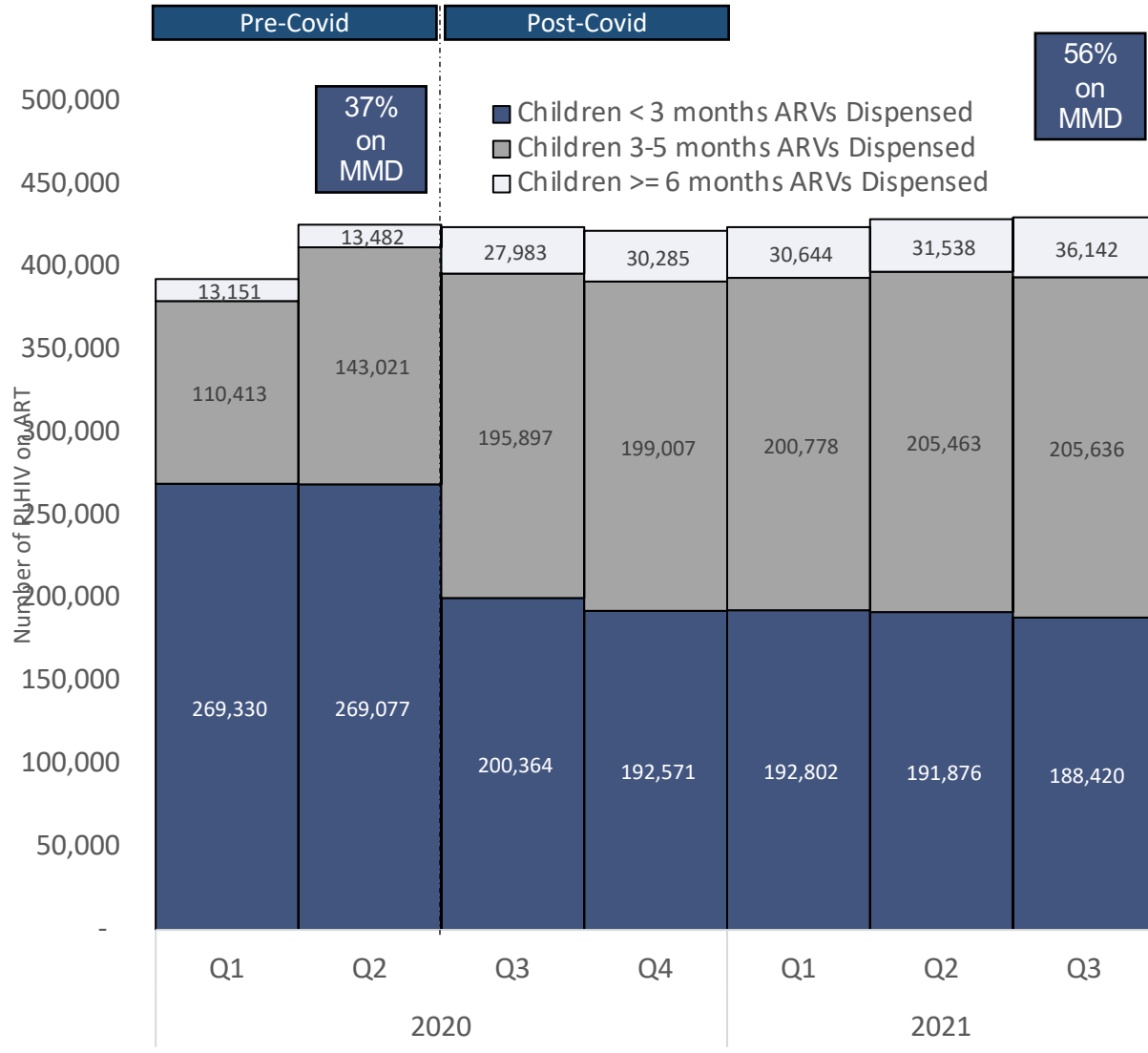
Data source: PEPFAR panorama spotlight website

Among adults the % receiving MMD (>=3 month) increased from 64% to 81% - among children the % receiving MMD increased from 37% to 56% (since C19 1st wave)

MMD Scale-up Among Adults



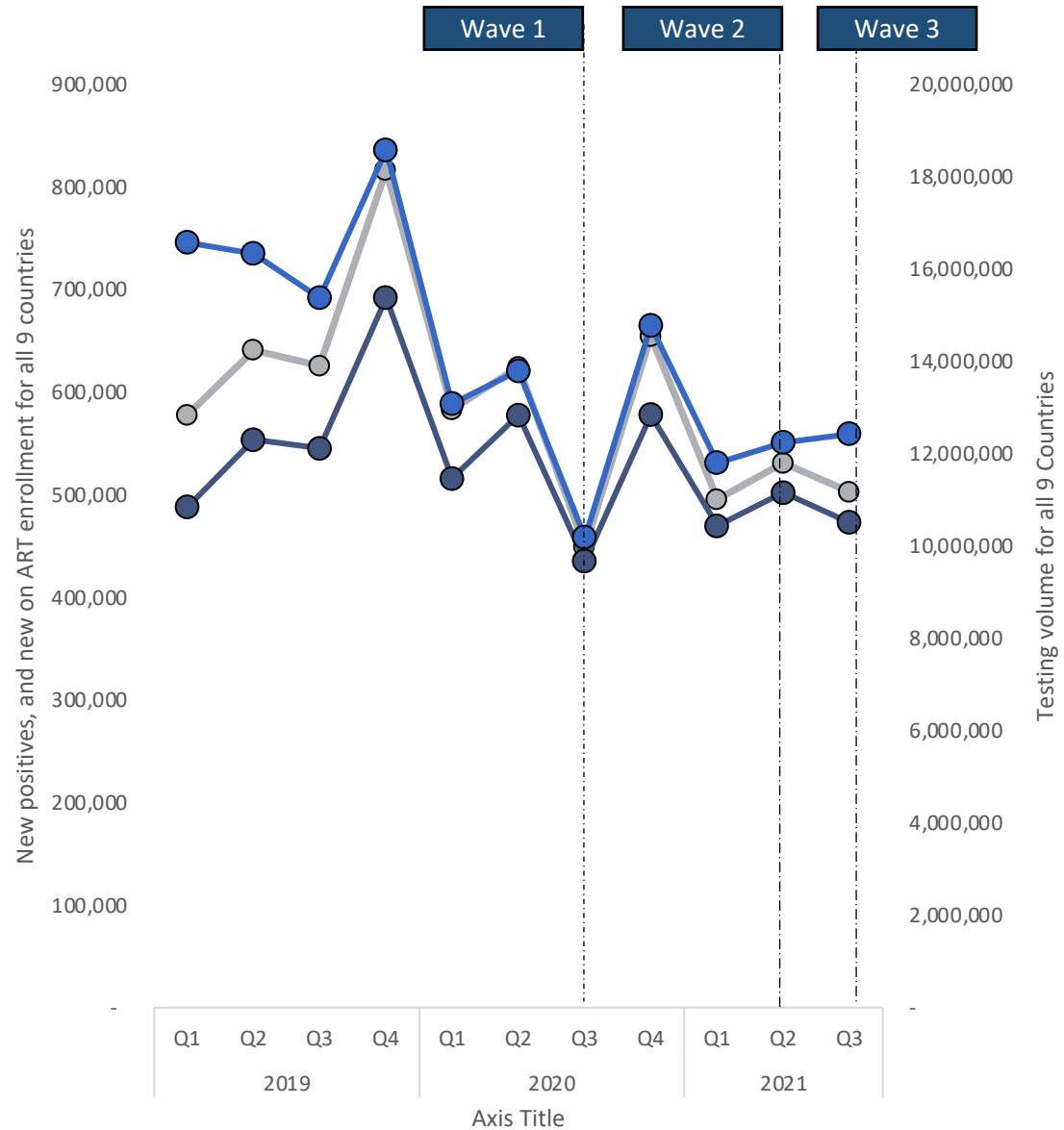
MMD Scale-up Among Children



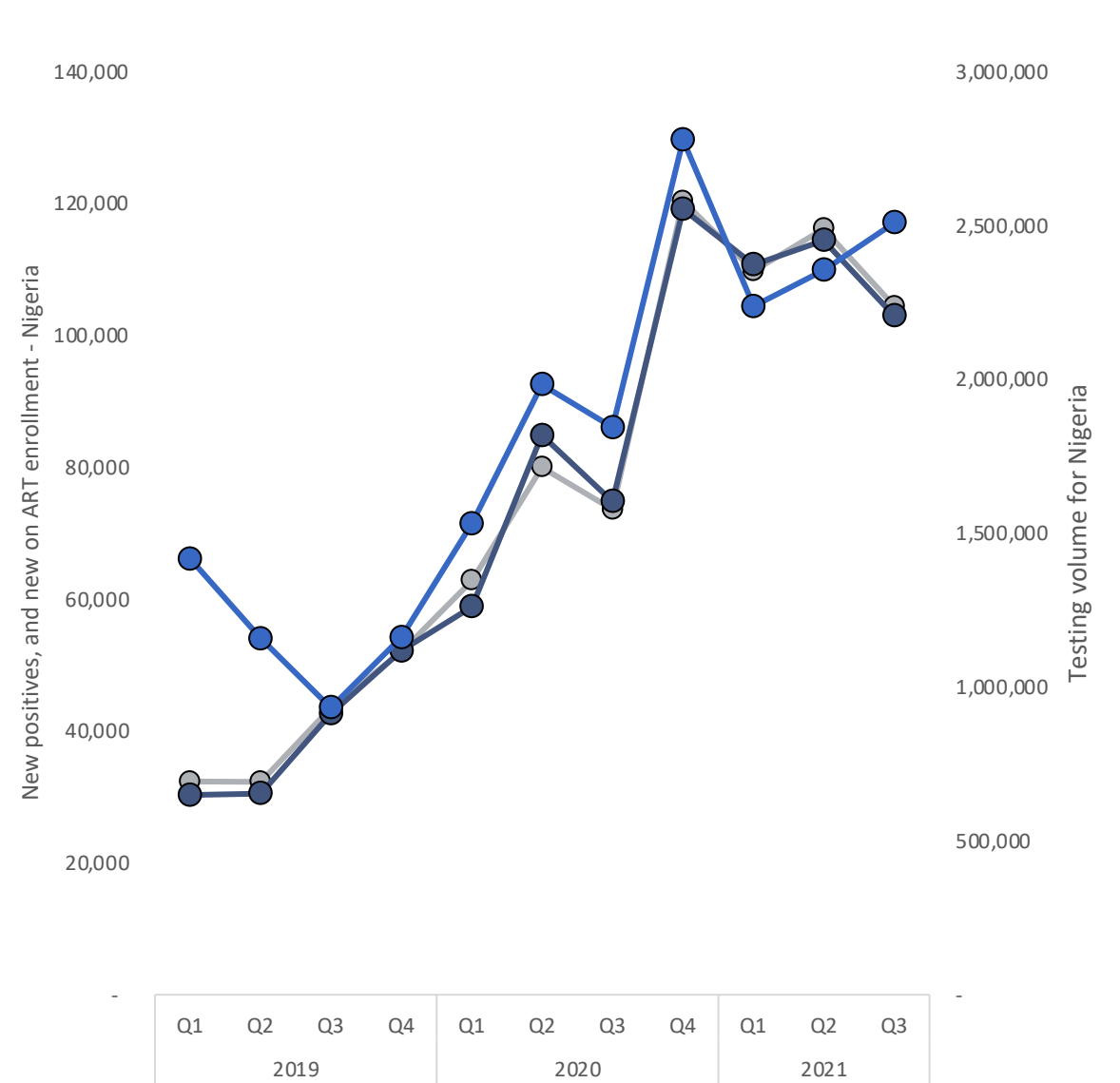
Data source: PEPFAR panorama spotlight website

Testing volume, new positives, and new on ART, were less impacted with each subsequent COVID-19 pandemic wave - Nigeria was able to surge despite C19

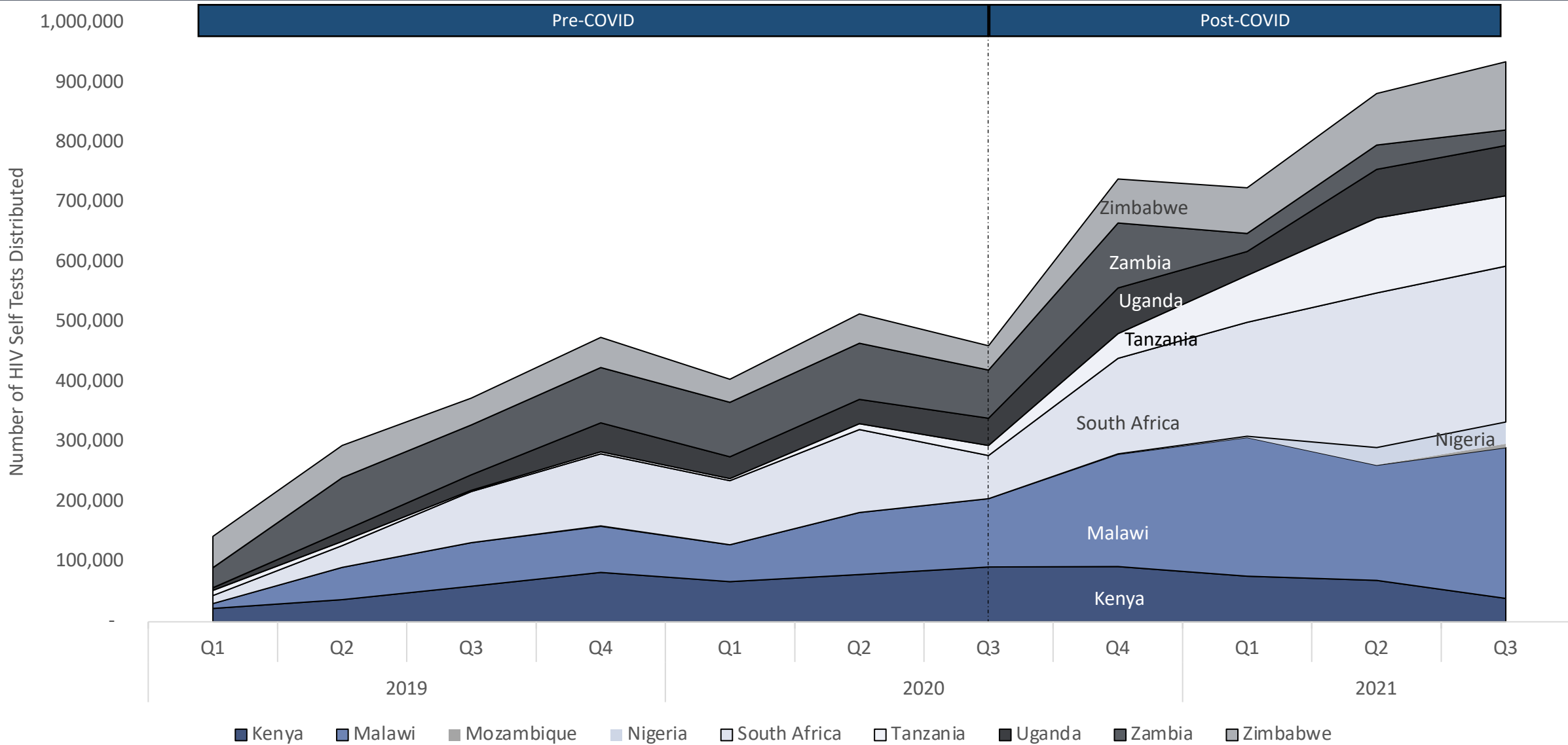
Testing volume, new positives, and new on ART – 9 countries



Testing volume, new positives, and new on ART – Nigeria Surge



Rapid scale-up of HIV self testing was implemented to facilitate safe access to HIV testing in most countries

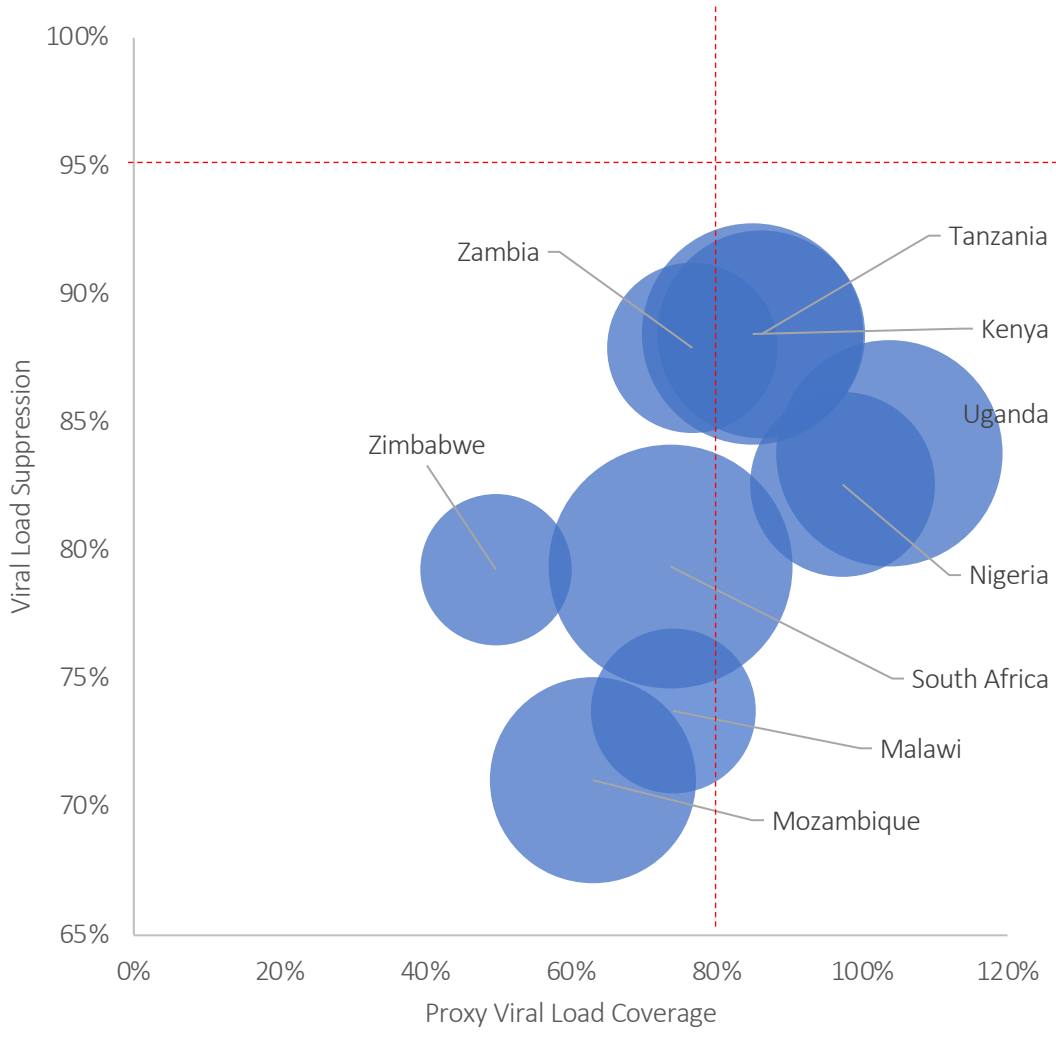
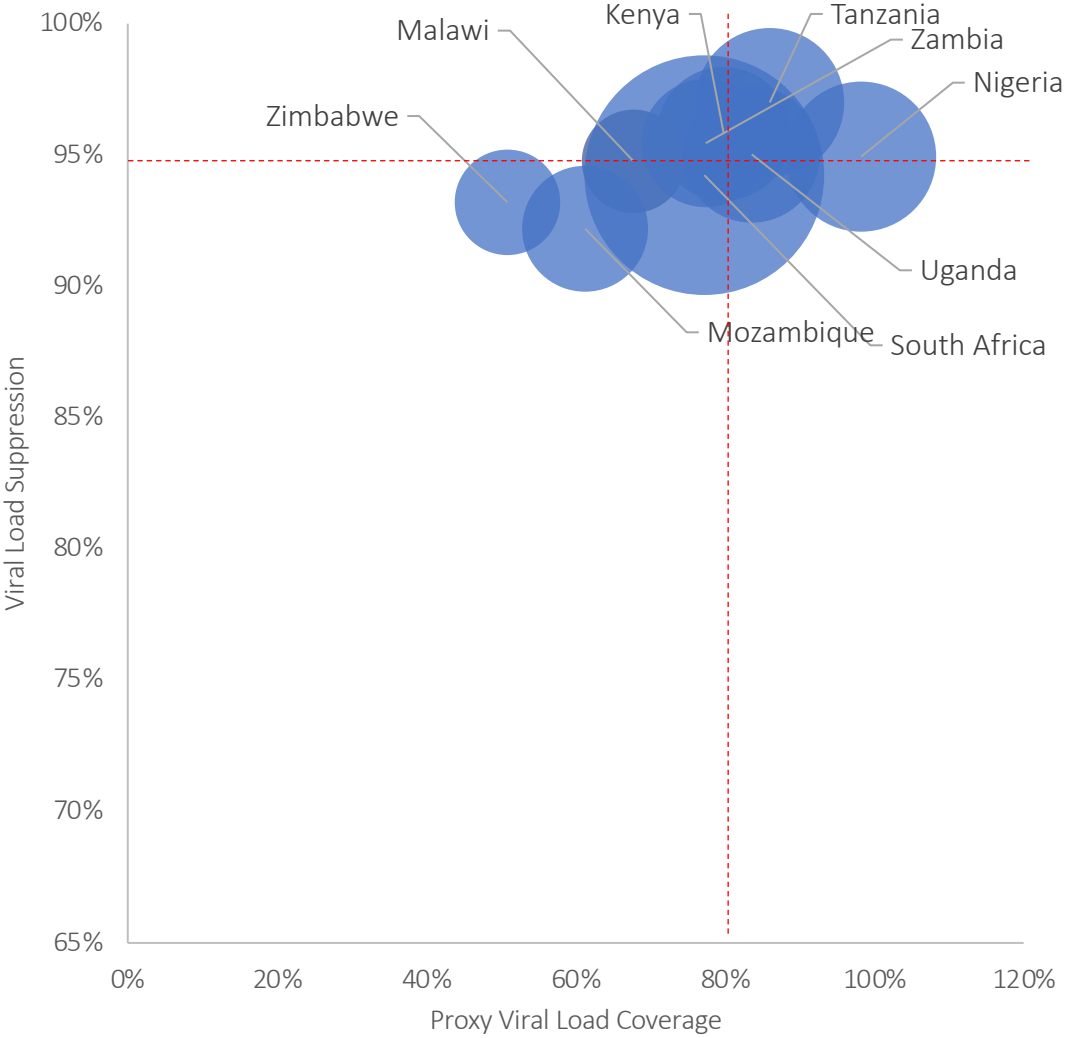


Proxy Viral Load Coverage and VLS Estimates | Coverage of viral load testing and viral load suppression improved or were maintained despite COVID in most countries but gaps for children remain

Adults on ART 15+

Children on ART <15

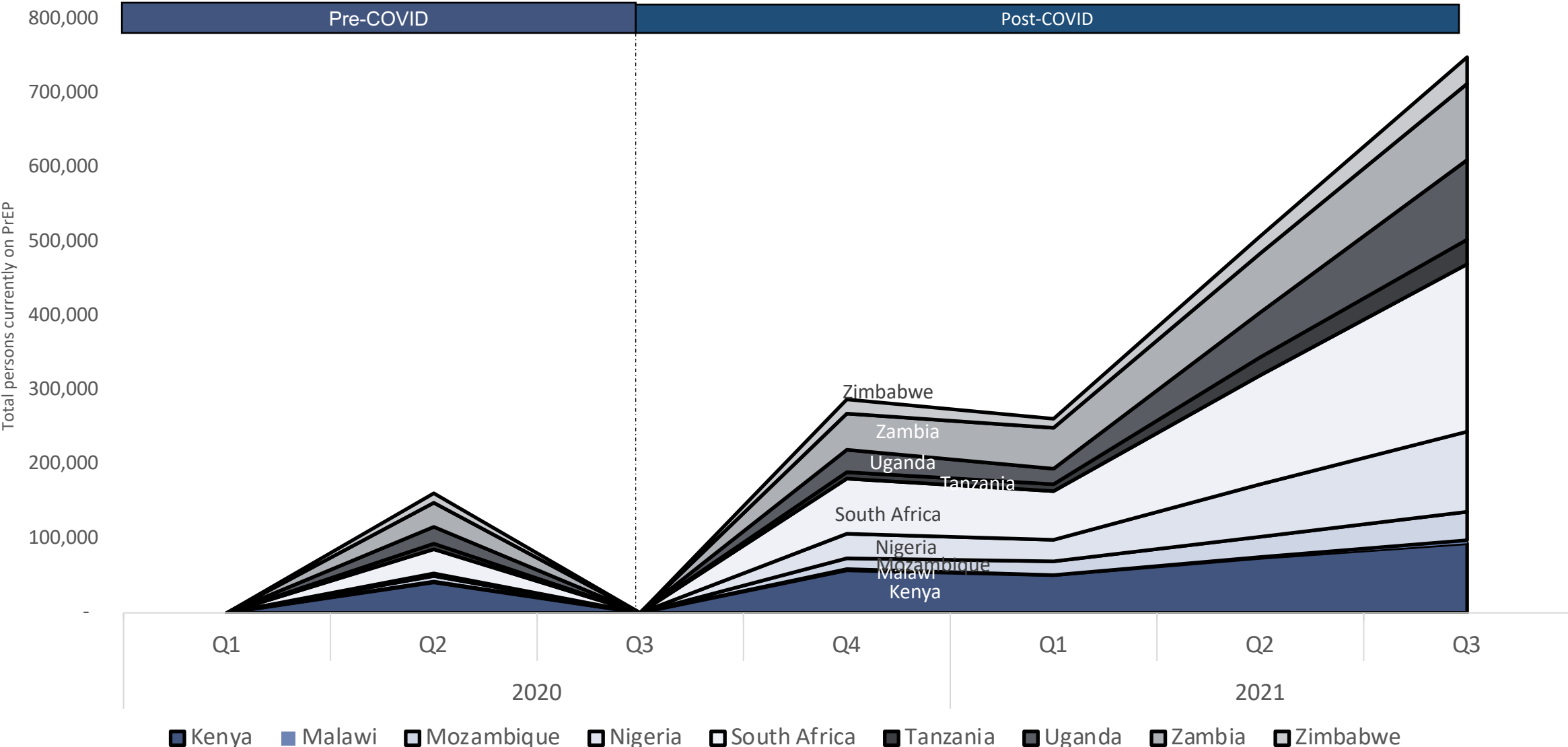
Lab Adaptations



- Lab flow optimization to increase testing capacity and personnel training to improve lab capacity and reduce waiting times
- High throughput VL testing platform optimization
- VL sample movement to less saturated accredited labs for testing when central labs were repurposed for COVID-19 testing

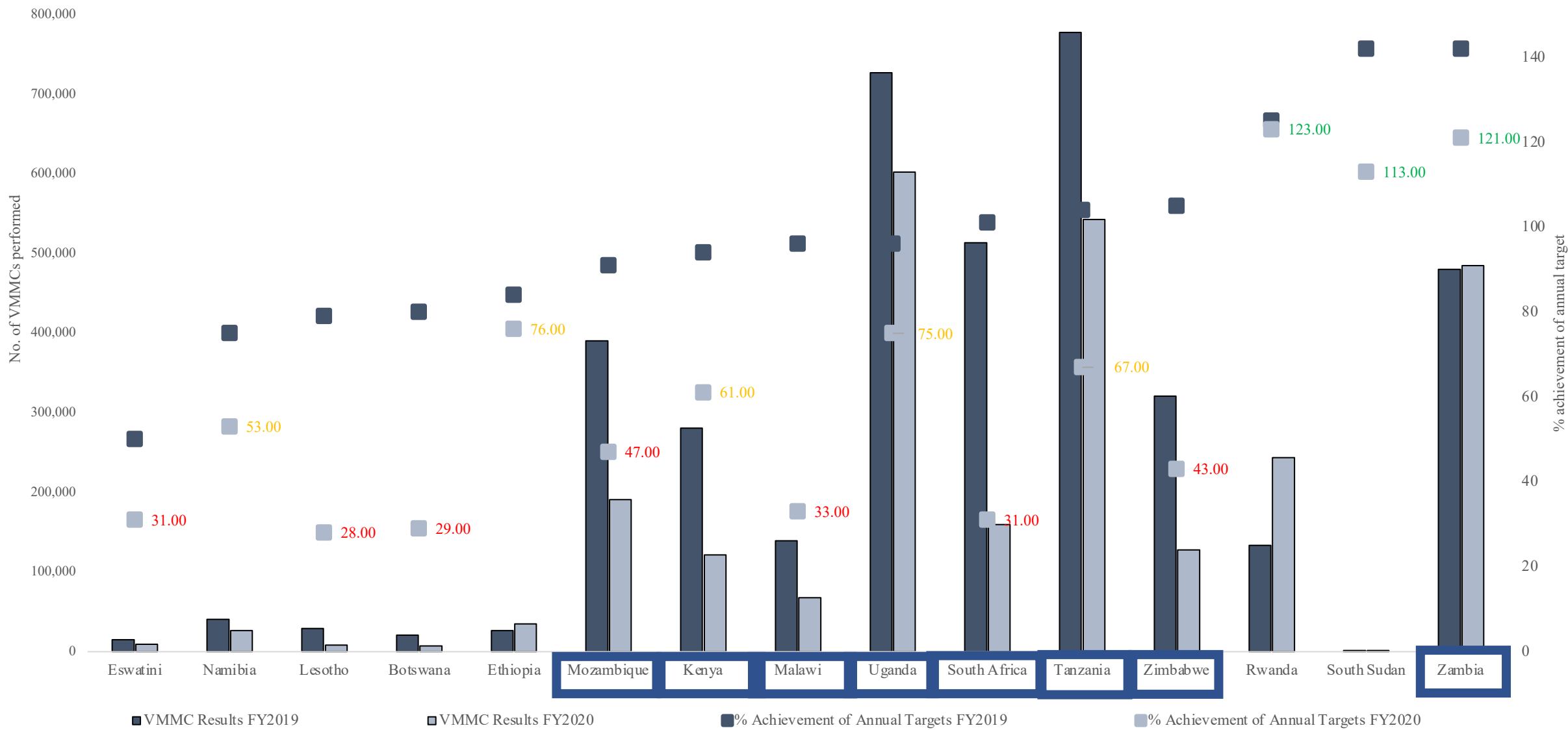
Note: Proxy viral load coverage is the total number of viral loads documented divided by TX_CURR 6 months earlier. Source: Panorama spotlight

All 9 countries increased the number of clients currently on PrEP despite COVID-19, with current on PrEP increasing from 161,000 to 749,000



Data source: PEPFAR panorama spotlight website

Comparison of New VMMC's Across Countries FY19 vs FY20 | 7 of 8 Focus Countries Experienced a Large or Very Large Decline due to COVID-19



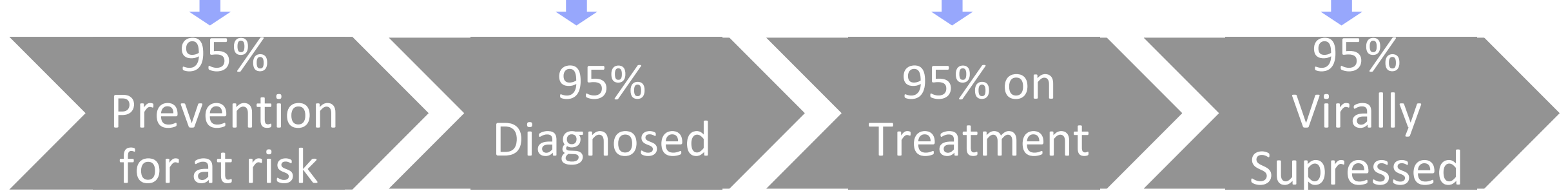
Data source: PEPFAR panorama spotlight website

Additional Important COVID-19 Adaptations were used in all 9 Countries to Sustain HIV Programs through COVID

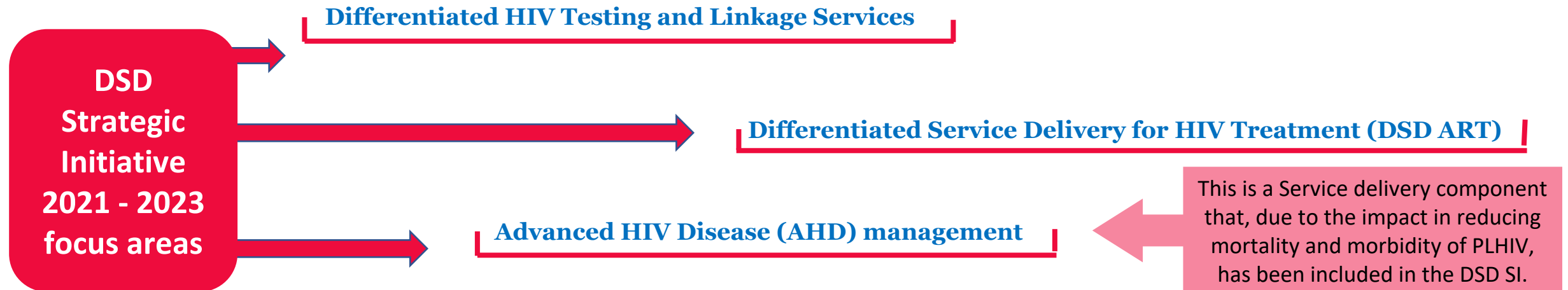
Other important adaptations during COVID-19	Examples of Country-Specific Interventions, Adaptations, and Innovations	Nigeria	South Africa	Mozambique	Tanzania	Zimbabwe	Zambia
Facility-based client-centered services	Expanded hours						
	Fast-track ART pick up						
	Staggered appointments to minimize crowding						
	Establishment of clinic adolescent hours						
	Pediatric service expansion to primary healthcare facilities						
	Establishment of hub and spoke model where high-volume (hub) sites (repurposed to COVID-19 centers) mentor lower volume (spoke) sites for ARV dispensing and client support						
	Synchronized VL sample collection with ARV refills						
Laboratory services optimization	<ul style="list-style-type: none"> Lab flow optimization to increase testing capacity and personnel training to improve lab capacity and reduce waiting times 						
	<ul style="list-style-type: none"> High throughput VL testing platform optimization 						
	<ul style="list-style-type: none"> VL sample movement to less saturated accredited labs for testing when central labs were repurposed for COVID-19 testing 						
Technology-based applications for planning, monitoring, communication and support	<ul style="list-style-type: none"> GIS technology application to geo-map client locations and ART refill points 						
	<ul style="list-style-type: none"> Mobile applications to track and support private pharmacy ARV dispensing 						
	<ul style="list-style-type: none"> Zoom for technical assistance, training, virtual site and partner management with daily virtual situation room meetings on HIV program implementation 						
	<ul style="list-style-type: none"> COVID-19 data dashboard and indicators to monitor site level intervention implementation and performance 						
	Client support using social media, SMS, toll free lines, interactive telehealth and virtual peer support						
Sub-population specific services	<ul style="list-style-type: none"> Family-centered models with alignment of children and mother/caregiver appointments 						
	<ul style="list-style-type: none"> Mentor mother expansion to improve retention in care and VL suppression 						
	<ul style="list-style-type: none"> Bi-directional referrals between community OVC programs and clinicians treating CLHIV focused on keeping families healthy, safe, stable, and children with HIV in school 						
Infection prevention and control (IPC) practices	<ul style="list-style-type: none"> Revised facility flow to reduce potential COVID-19 exposure with triage procedures at health facility entry points 						
	<ul style="list-style-type: none"> Alternate work schedules for healthcare teams to maintain physical distancing while serving clients 						
	<ul style="list-style-type: none"> Provision of sanitizers/disinfectants and information leaflets at access points to mobilize compliance with hand hygiene 						
	<ul style="list-style-type: none"> COVID-19 testing availability for patients with symptoms 						
	<ul style="list-style-type: none"> COVID-19 education (e.g., hand hygiene, PPE, contact tracing) 						

The Global Fund uses catalytic investments to accelerate progress in grants

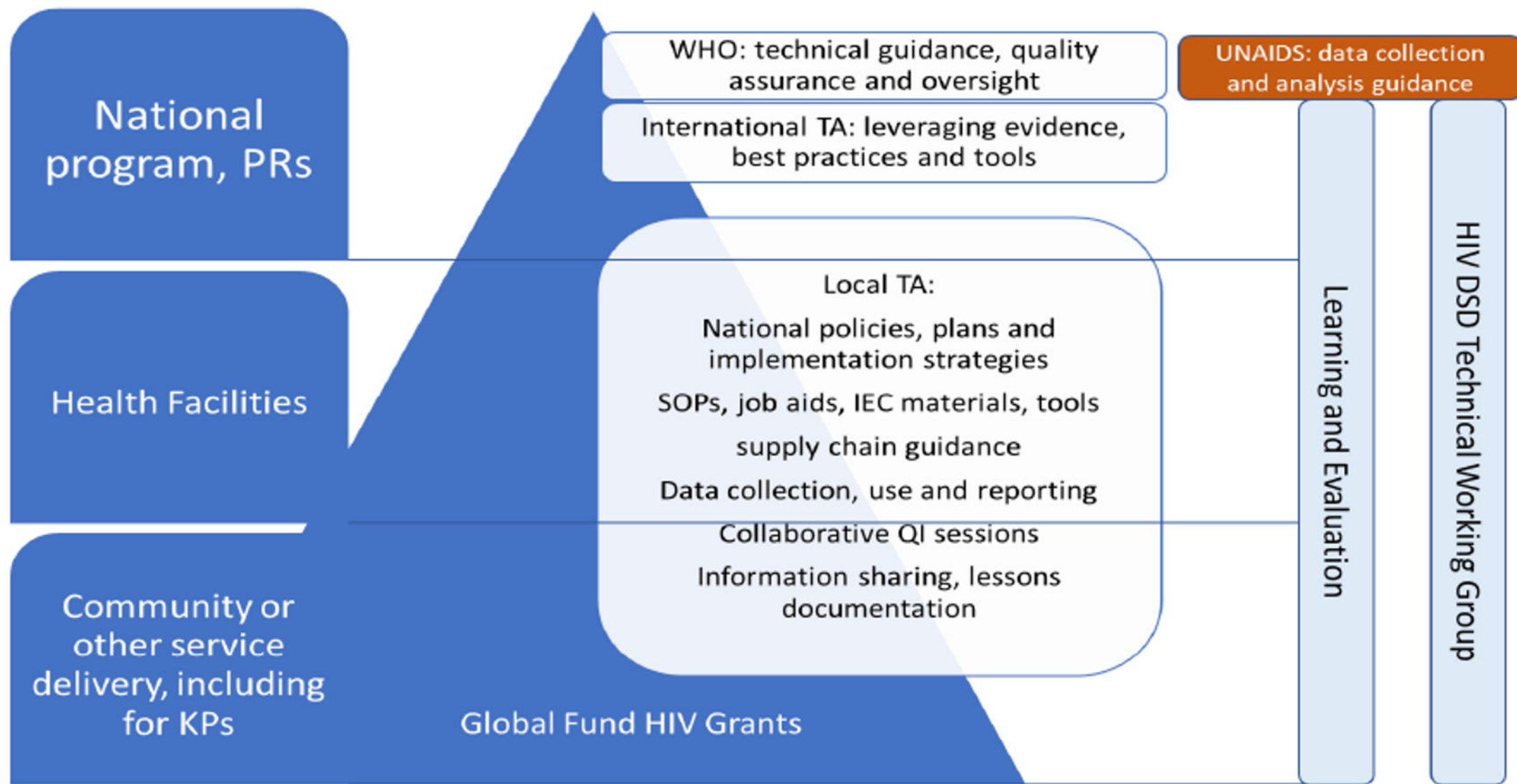
The principles of differentiated service delivery can be applied across the HIV continuum of care: including prevention, testing, linkage to care, ART initiation and follow-up and integration of HIV care and coinfections and comorbidities.



We oversee a 'strategic Investment' (SI) to accelerate DSD



Implementation Arrangements



Country	Populations	DSD Models	Technical Assistance (TORs)
Cameroon	Children, adolescents, men, KPs (MSM, FSW)	Testing models – index testing/EID, HIVST (policy, regulatory and implementation bottlenecks), Treatment models including paediatric care, Labs - quality, EID, VL, sample transportation (Lab SI?)	Jhpiego – review/validate current models, highlight best practices, opportunities for scale up, support guidelines/plans, assess systems, map sites, M&E tools, training packages PSI* – TOR under development CBCHS – PO not yet issued
Cote D'Ivoire	KPs (MSM, FSW), adult men and children	Differentiated MCH - family model of care; Virtual interventions for HIVST/prevention, DSD for men	ICAP – First PO = 6 months to enable better prioritization and detailed planning
Ghana	Men, KPs (MSM, FSW)	Community models - mentor mothers, CATs, Models of Hope, Peer navigators, paralegals Virtual-enabled HIVST (MSM, Men) and PrEP for MSM	Jhpiego – review and adaptation / SOPs, DSD toolkit, HIV data analytics and use SH:24 – online HIVST reaching 50,000 clients EQUIP – support use of cascade data for cQI across, cross-facility/regional learning
Guinea	KPs (MSM, TG, PWID), spouses of pregnant women	HIVST, linkage to treatment	EGPAF – HIVST and linkage to treatment / prevention for spouses of PLHIV Solthis – HIVST and linkage to treatment / prevention for KPs
Mozambique	Men, KPs (MSM, FSW, PWID, TGs), Pregnant / breastfeeding women	Treatment literacy package, Male engagement strategy Dual HIV/Syphilis testing (Lab SI)	EGPAF - demand generation/literacy around DSD models, patient and community cQI engagement, support to male engagement strategy Fundação Ariel Glaser – Local TA support to EGPAF (piloting/training on materials developed, training on DSD literacy materials etc.), workshops/learning sessions on cQI
Nigeria	Men, KPs in 2 states: Anambra, Taraba	Virtual-enabled HIVST, Treatment models for men and KPs, demand creation for KPs	ICAP – Review of DSD models for KPs, state to state learning SH24 - online HIVST reaching 20,000 clients in year 1 APIN – cQI, collaborative learning, support team for online service
Philippines	KPs (MSM, TG, PWID, young KPs)	Virtual interventions across cascade, Care one-stop-shop model for integrated HIV/STI services, dispensing decentralization	FHI360 (int and local) – TOR under development. Main focus on getting KP testing and linkage to treatment back on track
Zambia	Men (15 - 44)	DSD for men - HIV prevention and treatment posts adaptation, men's clinic DSD model, virtual interventions, AHD, Data for DSD, cQI	CIDRZ – review/adaptation of community post model, men's clinic model, review existing digital interventions, support training, mentoring, supervisory visits on DSD, DSD indicator dashboard ICAP – Assessment of AHD and prioritize domains for TA, South to south international learning, enhance M&E of DSD
Tanzania	Men 18 - 49, KPs (MSM, FSW, PWID), Sexual partners of PLHIV	HIVST (Facility, Community, Workplace, Pharmacy, ICT-Supported)	PSI – TOR under development. End to end comprehensive TA on all HIVST models.