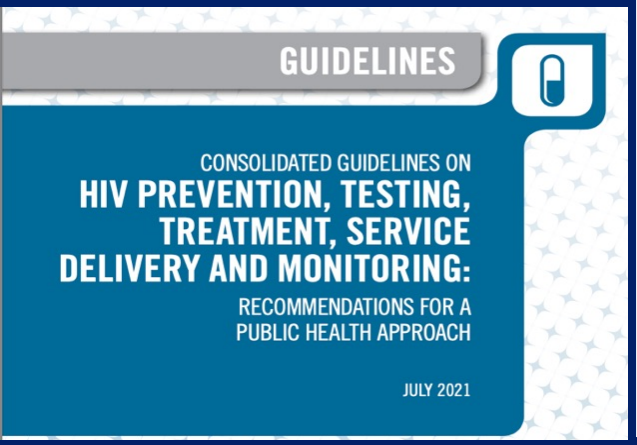
HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

World Health Organization



Updated WHO recommendations for HIV Service Delivery

Nathan Ford

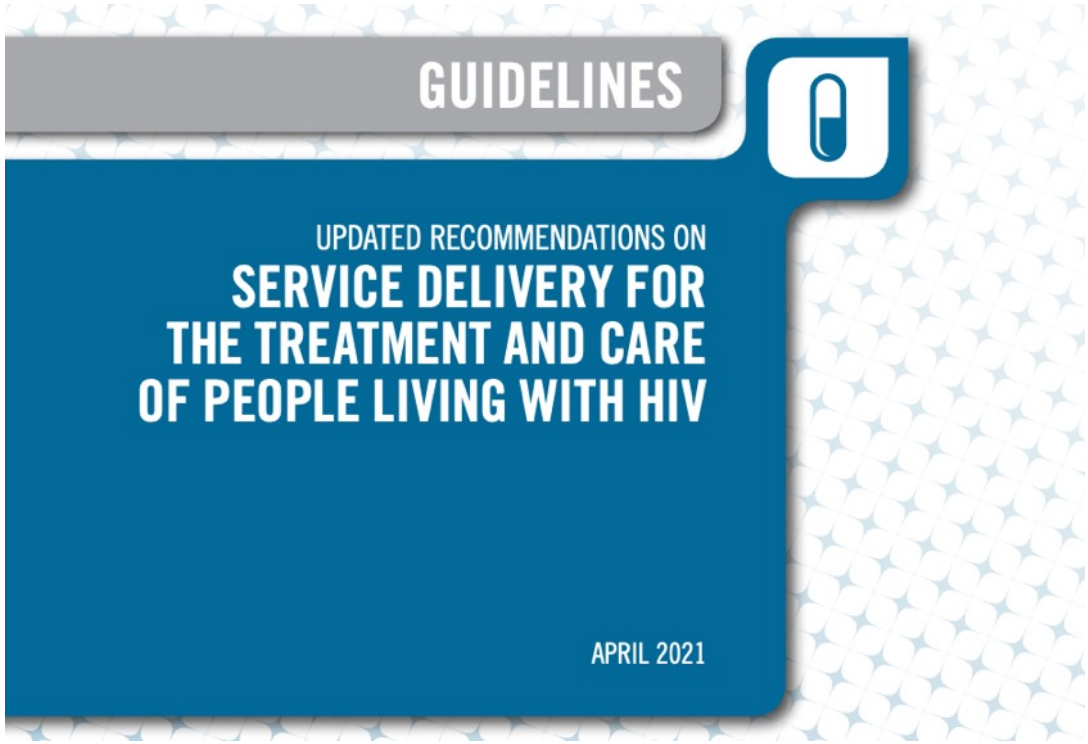
World Health Organization, Switzerland

CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop
August 15 – 19, 2022 | Kigali, Rwanda

Latest Service Delivery Recommendations

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

Included in July 2021 Consolidated Guideline



1. Out of facility ART initiation

RESEARCH ARTICLE

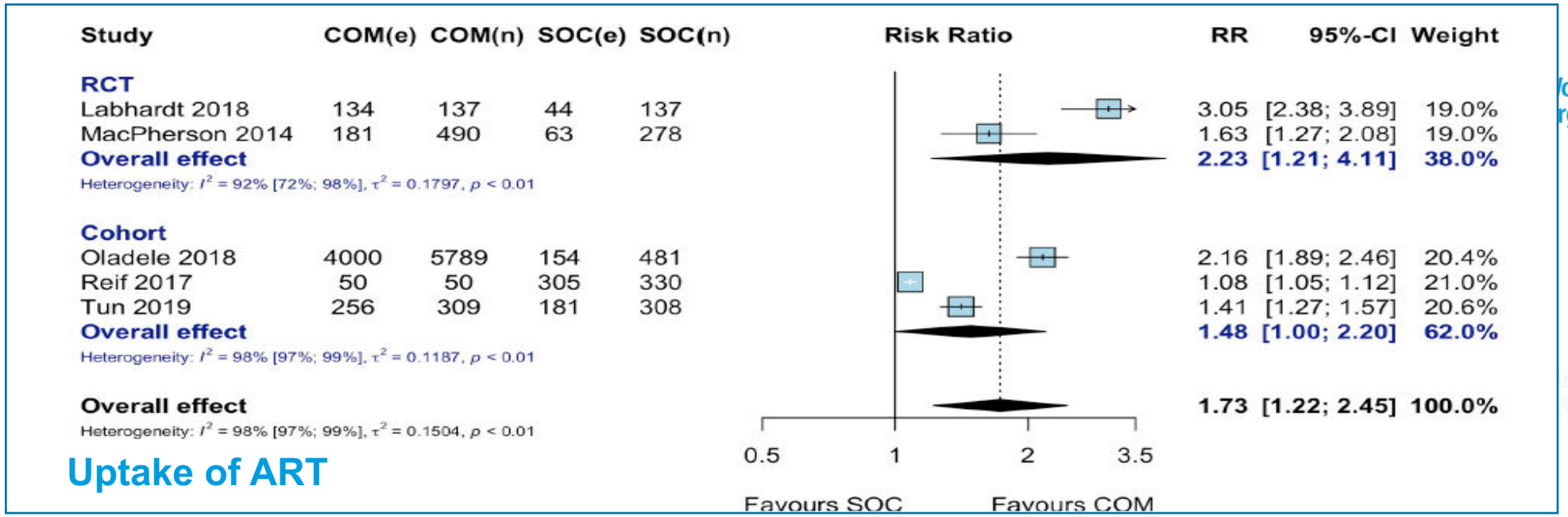
Effects of community-based antiretroviral therapy initiation models on HIV treatment outcomes: A systematic review and meta-analysis

Ingrid Eshun-Wilson[1,2]*, Ajibola A. Awotiwon[2,3], Ashley Germann[4], Sophia A. Amankwaa[2], Nathan Ford[5], Sheree Schwartz[4], Stefan Baral[4], Elvin H. Geng[1]

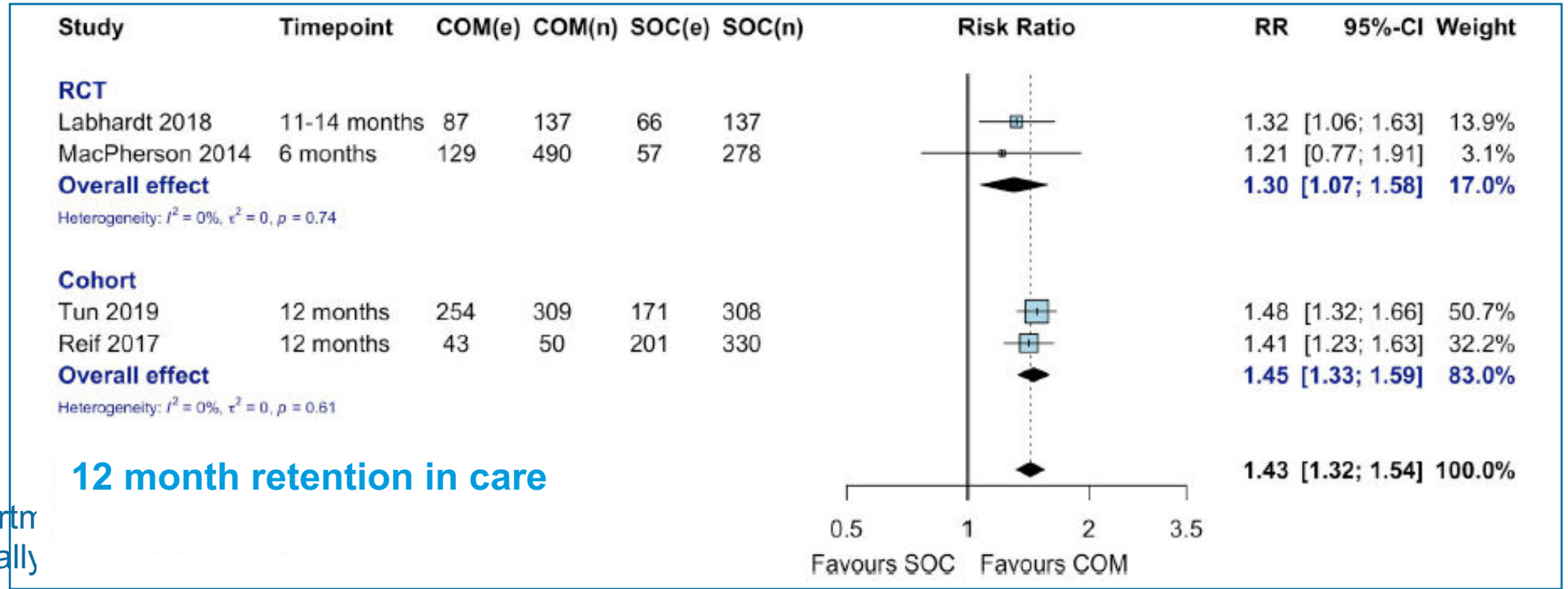
1 Division of Infectious Diseases, Washington University School of Medicine, Washington University in St. Louis, Saint Louis, Missouri, United States of America, 2 Division of Epidemiology and Biostatistics, Faculty of Medicine and Health Sciences, Stellenbosch University, Stellenbosch, South Africa, 3 Knowledge Translation Unit, University of Cape Town Lung Institute, Cape Town, South Africa, 4 Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States of America, 5 Global Hepatitis Programme, Department of HIV/AIDS, World Health Organization, Geneva, Switzerland

- 4 RCTs and 4 observational studies
- Lesotho, South Africa, Nigeria, Uganda, Malawi, Tanzania, Haiti

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003646



Uptake of ART



12 month retention in care

Recommendation

ART initiation may be offered outside the health facility

Conditional recommendation; low- to moderate-certainty evidence

Implementation considerations

- Assess for advanced HIV disease
- Practical advice on administration techniques and/or on
- storage conditions for ART for children
- Linkage to care for adolescent psychosocial and other services
- Adaptations to health system requirements may require a phased approach

Improving linkage to care

- WHO recommends **co-located and well-coordinated ART services** and peer support and peer navigation to facilitate linkage to care of those who test positive.

Population-specific approaches:

- For groups with lower linkage rates such as men, young people and key populations.
- These approaches could include **ART initiation outside the health facility**, friendly and flexible services designed to suit these groups and digital platforms such as linkage support via social media and videos

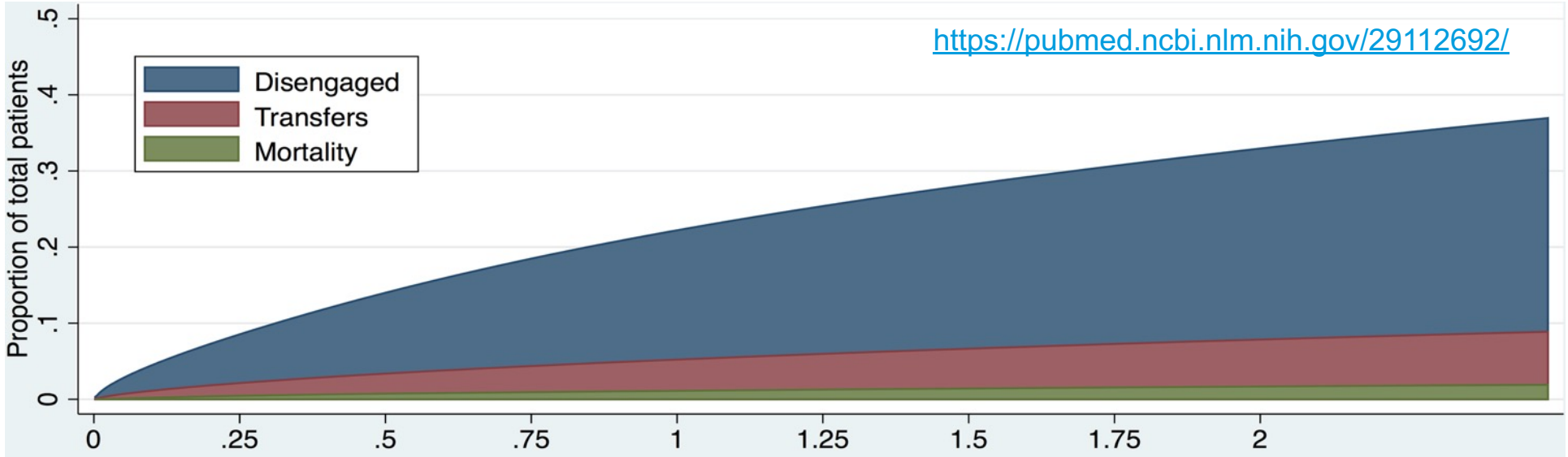
2. Tracing and reengagement in care

RESEARCH ARTICLE

Contemporary disengagement from antiretroviral therapy in Khayelitsha, South Africa: A cohort study

Samantha R. Kaplan[1]*, Christa Oosthuizen[2], Kathryn Stinson[2,3], Francesca Little[4], Jonathan Euvrard[2], Michael Schomaker[2], Meg Osler[2], Katherine Hilderbrand[2,3], Andrew Boulle[2,5,6‡], Graeme Meintjes[7‡]

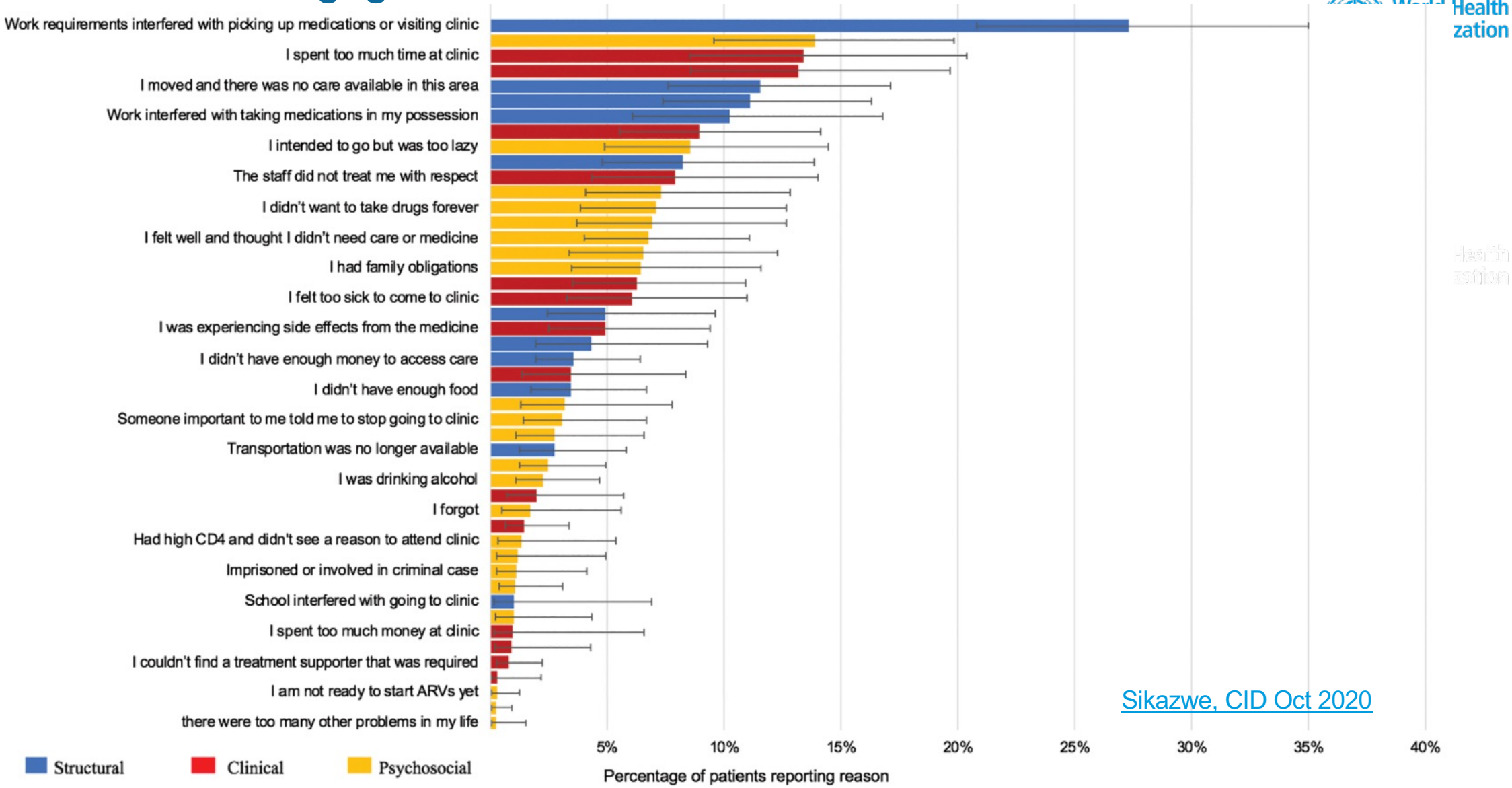
https://pubmed.ncbi.nlm.nih.gov/29112692/



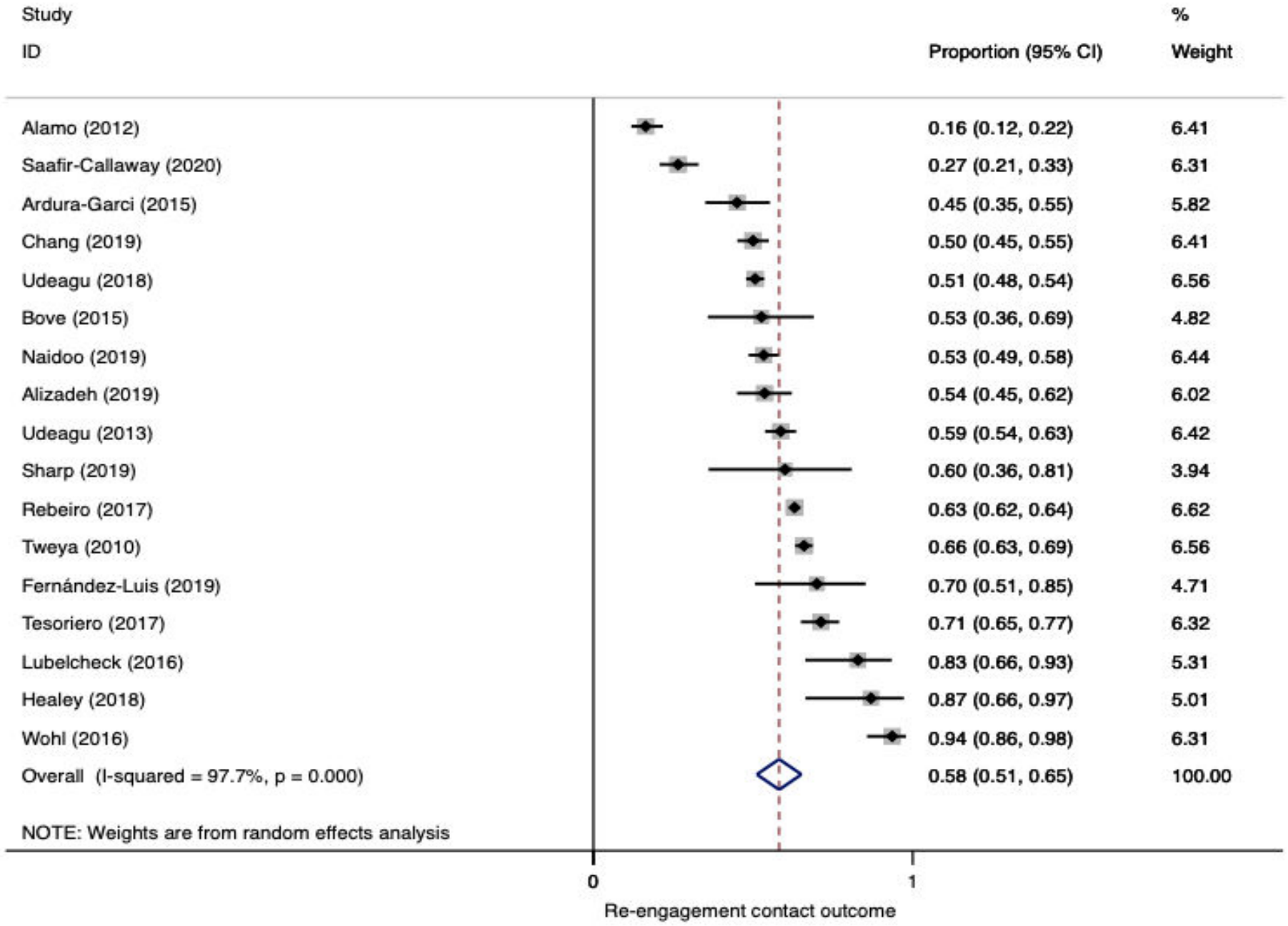
Cumulative incidence at 1 and 2 years in the study (%)

Disengaged	17.0 (16.6-17.4)	25.1 (24.6-25.6)
Transferred out	4.1 (3.9 - 4.3)	6.2 (5.9 - 6.4)
Died	1.1 (1.0 - 1.2)	1.7 (1.5 - 1.8)

Reasons for disengagement



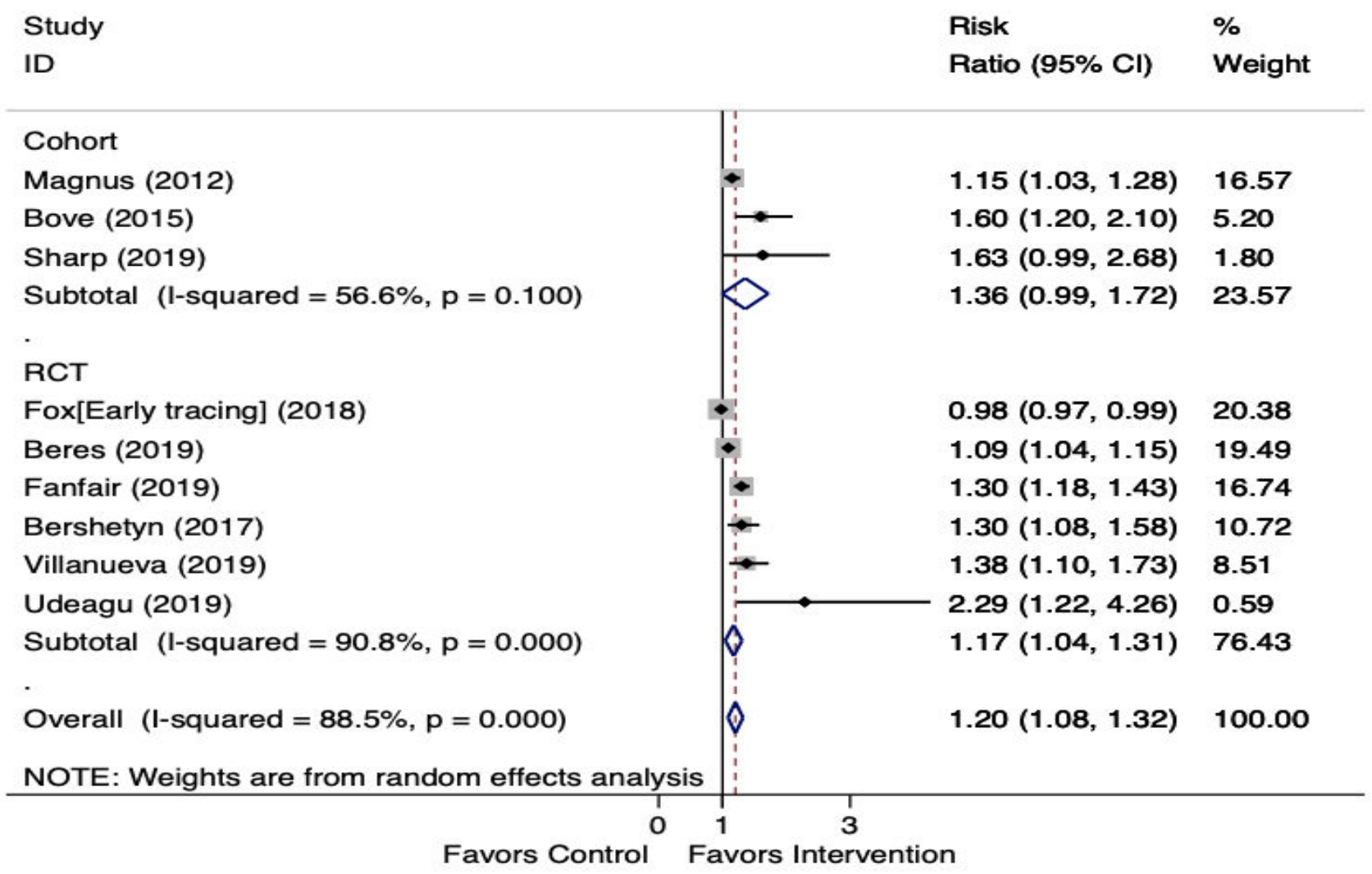
Sikazwe, CID Oct 2020



World Health Organization

Systematic review identified 37 studies to support tracing and re-engagement in care

Overall, 60% of individuals re-engaged in care



- Approaches included remote communication (phone, text, mail and email), in-person tracing and a combination
- Clients should be provided with the opportunity to consent to tracing

Recommendation

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

Strong recommendation; low-certainty evidence

Implementation considerations

- Range of possible interventions: reminders, economic, case management, and policy interventions
- Prioritize tracing for certain groups (e.g. people with AHD)
- Tailored approaches for key and vulnerable populations
- Non-judgmental approach upon return to care

Criteria for tracing and recall

- Consider those who are seven or more calendar days late for a scheduled appointment.
- Giving priority to specific groups:

  (1) people initiating treatment in the past six months with advanced HIV disease,

  (2) people with abnormal results,

  (3) people not initiating treatment and

  (4) people overdue for clinical consultations or laboratory tests.

New WHO Guidelines in 2022

- Consolidated guidelines for key populations
- Management of cryptococcal disease
- Long-acting cabotegravir for HIV prevention
- Simplified service delivery for viral hepatitis


World Health Organization
Thank you, Asante
Sana, Merci, Obrigado