

DSD: Where are we now?

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CQUIN 6th Annual Meeting

December 6 – 9, 2022 | Durban, South Africa



Contents

- 2021 WHO DSD for HIV Treatment Recommendations
- DSD Policy Uptake 2022
- 2022 WHO Recommendations for monitoring DSD ART implementation

2021 WHO Differentiated Service Delivery for HIV Treatment Recommendations

“Differentiated service delivery (previously referred to as differentiated care), is a person-centred approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of people living with and vulnerable to HIV and reduce unnecessary burdens on the health system.”

WHO Updated recommendations on service delivery for the treatment and care of people living with HIV, 2020

Criteria for determining whether a person is established on ART

To support the implementation of these recommendations, WHO has developed 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).

Revised



! **INCLUDES** all populations established on ART:

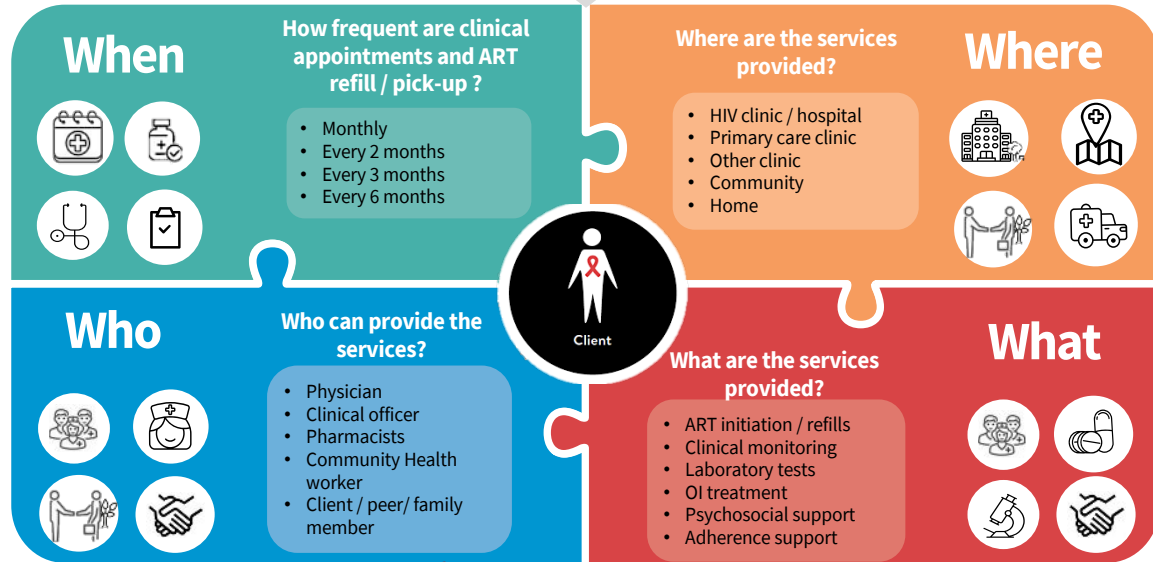
- Individuals receiving **second- and third-line regimens**
- PLHIV with **controlled comorbidities**
- **Children and adolescents**
- **Pregnant** and **breastfeeding** women
- **Key populations**

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

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

The building blocks of DSD for HIV treatment

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



DSD ART implementation considerations

Successful implementation of DSD ART models policies, including reduced frequency of clinical visits and ART refills requires:

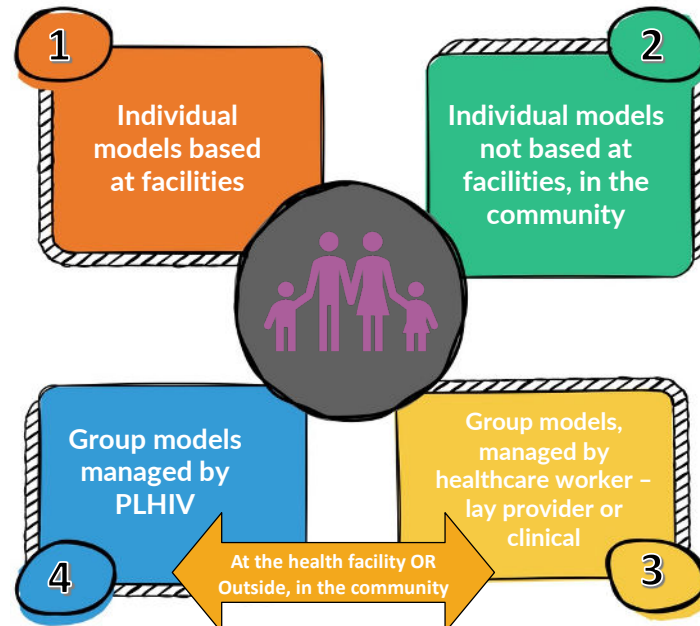
- An **enabling environment**, including supportive policies and legal/regulatory requirements being in place,
- **Stakeholder engagement**, good coordination between key health departments, health providers, and communities
- Clear **mechanisms for data management** (collecting the data, sharing the data between health facilities and community activities)
- **Adequate infrastructure**, trained providers at facility and community levels
- Systems for **quality assurance and quality improvement**
- Mechanisms for ensuring **availability of ARVs** through a robust supply chain
- **Effective coordination** among the different levels of the government and other agencies, central level, provincial, district, health facilities, and community points

Revised

DSD ART Models

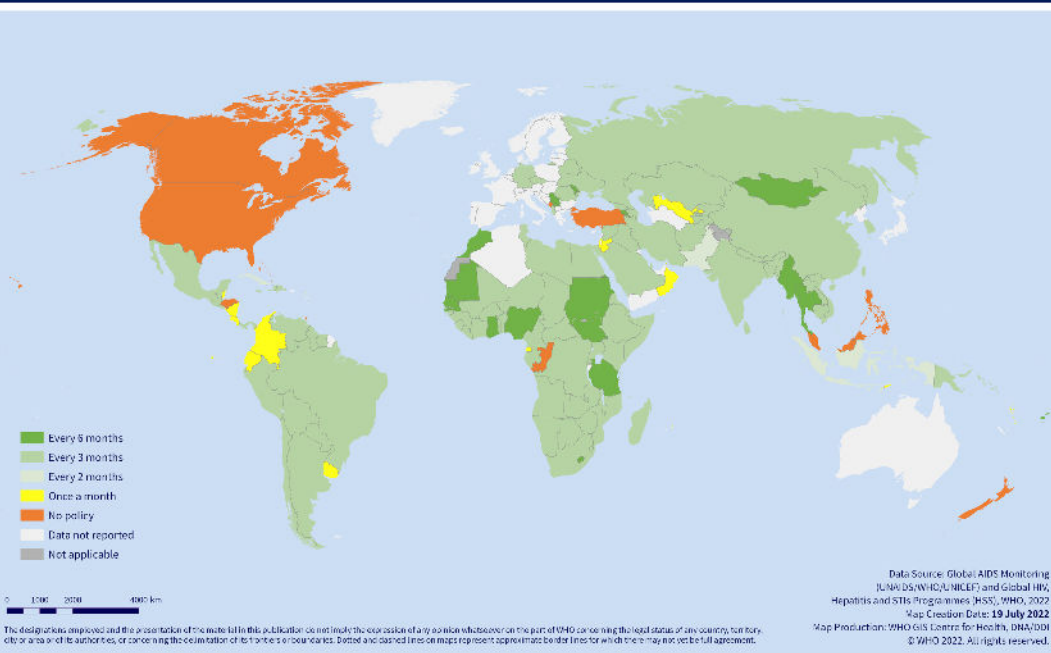
The following **clinical visits and ART refills frequency recommendations apply to all 4 DSD models categories:**

- 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



DSD Policy Uptake 2022

National policies on frequency of ART pick-up for people who are established on ART, July 2022



July 2022, WHO HIV POLICY ADOPTION AND IMPLEMENTATION STATUS IN COUNTRIES

- 76% reported adoption of frequency of ART pick-up for people who are established on ART (111/146);
- 63% with 3M interval (92/146);
- 11% still have no national policy on the frequency of ART pick-up (16/146).

New WHO 2022 HIV SI guidelines – Recommendations for monitoring DSD ART implementation



- Integrate and strengthen data collection and reporting of DSD in HIV patient monitoring systems to improve treatment outcomes and programme efficiency



- Integrate & strengthen data collection and reporting of DSD linking to monitoring of community delivered services while ensuring that HFs retain overall responsibility for clinical care and follow up
- Monitor impact of DSD on treatment outcomes including retention, VL supersession and programme efficiencies e.g. reduced clinical visits & staff time.



Differentiated ART service delivery

- ✓ Key monitoring considerations
 - ✓ 5 new indicators for monitoring DSD implementation and outcomes
 - ✓ Key data elements for monitoring DSD ART
 - ✓ Update of patient monitoring tools, e.g. ART register, ART cohort and cross-sectional reports and minimum dataset to enable monitoring of DSD ART
 - ✓ Country examples and specific tools for monitoring DSD ART models

DSD.1	Multi-month ARV dispensing (Core indicator)	
DSD.2	Uptake of DSD ART models among PLHIV	
DSD.3	Coverage of DSD ART models among PLHIV	
DSD.4	Retention in DSD ART models	
DSD.5	Viral suppression among PLHIV engaged in DSD ART models	

Some of the key data elements for monitoring DSD ART in patient records include:

- DSD eligibility
- DSD model
- Switching between DSD ART models and reason for switch
- Disengagement from DSD ART models
- Reasons for disengagement from DSD model

Key 2022 WHO HIV SI Guideline annexes: [Web annex A. Minimum dataset](#); [Web annex H. HIV care and treatment patient card](#); [Web annex I. Community monitoring ART tool](#); [Web Annex K. ART register](#); [Web Annex L. HIV cross-sectional report](#); [Web annex M. ART cohort report](#)

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

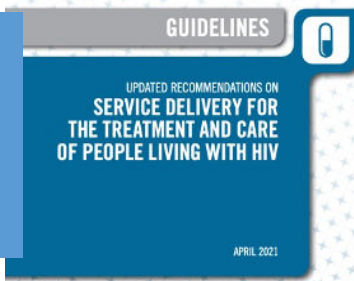


Thank you!

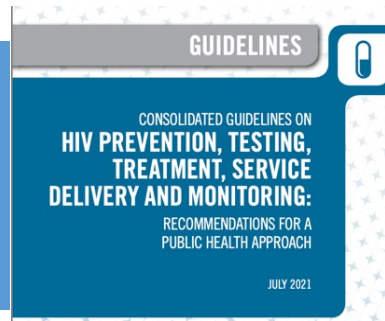










WHO 2021 HIV treatment Service Delivery Recommendations

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



July 2021, Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring



 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
- Applies to all populations

7. SERVICE DELIVERY	339
7.1 Introduction	340
7.2 Linkage from HIV testing to enrolment in care	342
7.3 Differentiated service delivery for HIV treatment	348
7.4 People-centred care	352
7.5 Initiating and maintaining treatment	354
7.6 Continuity of care	366
7.7 Task sharing	372
7.8 Decentralization	379
7.9 Integrating services	380
7.10 Delivering HIV services to children	391
7.11 Service delivery for adolescents	399
7.12 Improving the quality of HIV care services	410
7.13 Procurement and supply management systems for HIV health products	420
7.14 Laboratory and diagnostic services	434
7.15 Laboratory connectivity	438

Good Practice Statements

Health systems should invest in people-centred practices

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

Non judgemental, tailored approaches to assessing adherence

Balanced integration of diagnostic services