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Accelerating Community Differentiated Service Delivery Models improves Continuity of Treatment among Persons Living with HIV in post-war ravaged Acholi sub-region, Uganda.

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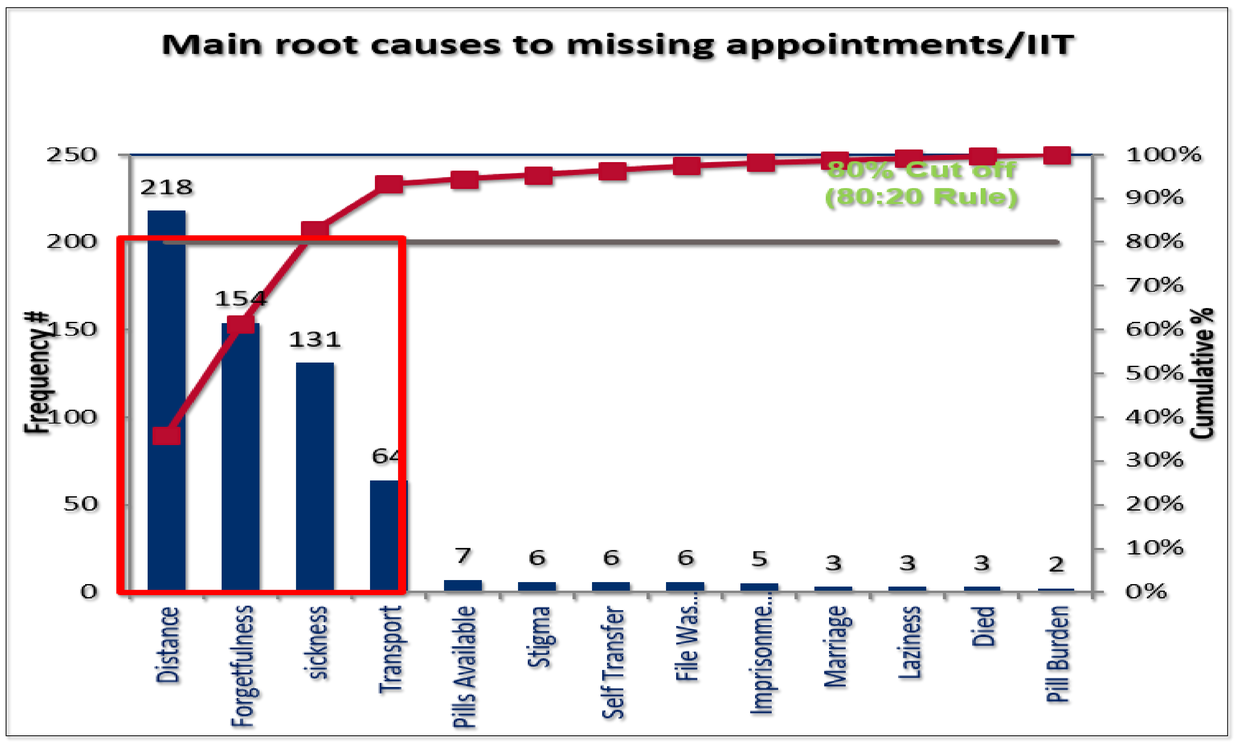
BACKGROUND / INTRODUCTION

Continuity of treatment for PLHIV remains a challenge in Uganda despite several approaches used to aid retention. The Acholi region had 2,422 clients with interruptions in treatment (IIT) in December 2021 that triggered the USAID Local Partner Health Services Ankole and Acholi Activity (LPHS) to conduct a root cause analysis (RCA) in February 2022 revealing challenges of transport to health facilities, long distances, and busy schedules among PLHIV as barriers to retention. IIT can lead to viral load rebound, immune decompensation and clinical progression of HIV.

Main root causes to missing appointments/IIT



METHODS

The DSDM strategy for providing client-centered care was used to address PLHIV needs and preferences, improving clinical outcomes and clinic efficiency using community and facility-based models.

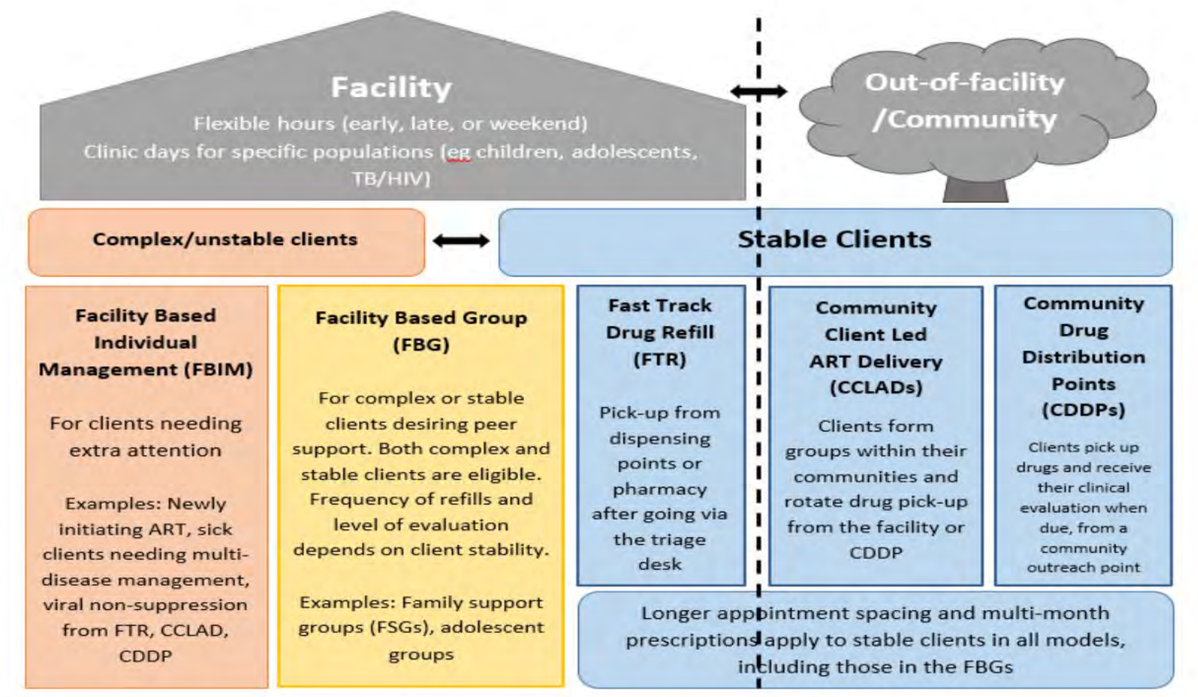


Figure 1: Recommended differentiated treatment and care service delivery models and their respective target populations \Source: Ministry of Health -Implementation Guide for DSDM of HIV Services in Uganda (2017)

Improvement Aim

Mitigating attrition through optimizing client preference and client-centered care
Accelerating enrollment of stable clients in DSD models of choice
Using the DSD client preference tool for PLHIV

DSD client preference tool

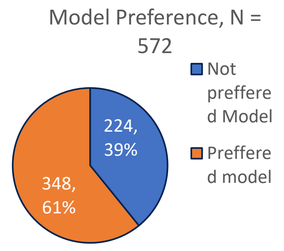
- Aims to **understand client preferences for ART service provision,** including community linkages for support services.
- Provides an overview of the patients' preferences for antiretroviral therapy service delivery features to make ART services more responsive to patients' needs
- Targets PLHIV on ART in Facility and community-based models

Rolling out the DSD client preference tool

- Stakeholder meetings at district, health facility and community to disseminate RCA findings for barriers to missing appointment and orientation of health providers on DSD client preference tool
- Selection of sites for initial roll-out of the tool (**10 Public HFs** including hospitals (2), HC IV (4), HCIII (4)
- Selection of clients to be interviewed: SOP on number of clients to be interviewed per facility by **DSD model category** equally distributed in the **age bands**, and by **sex**
- Administration of tool at both facility and community with physical and virtual interviews

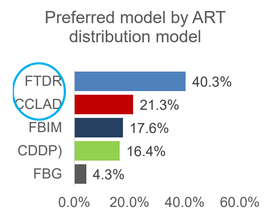
RESULTS

DSDM Preference



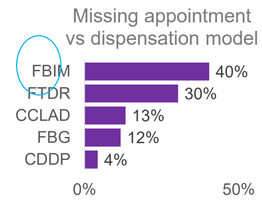
61% of clients interviewed were in their preferred DSD models of care

DSD model preference



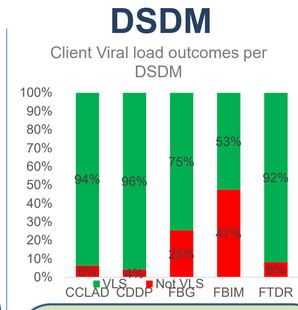
FTDR and **CCLAD** most preferred models of care

Missing appointments



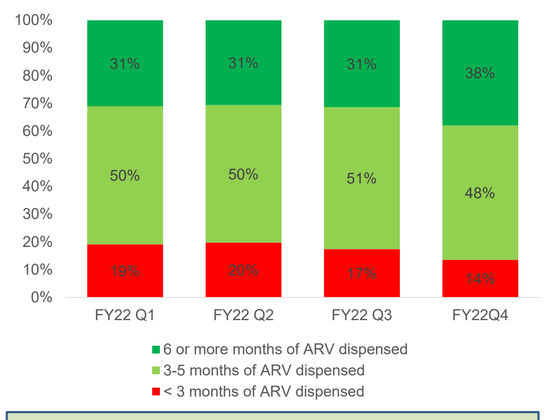
40% of clients missing appointment on **FBIM** and **30% FTDR**

Viral load by DSDM



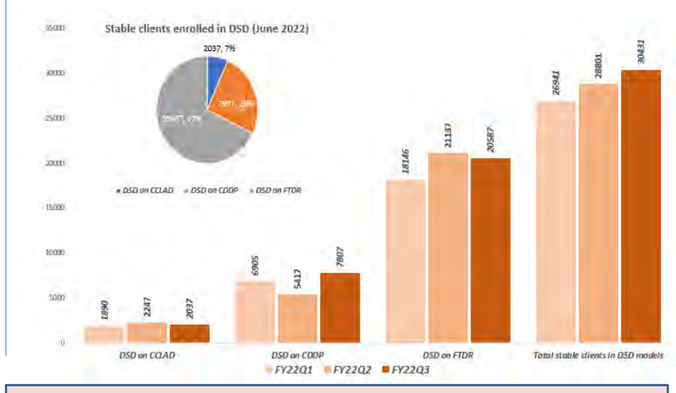
Good VS in CCLAD & CDDPs. Facility-based DSDM models had the lowest VS rates

MMD trend (Q1-Q4)



86% of current clients on treatment receiving MMD 3+ months with **38%** on MMD for 6months

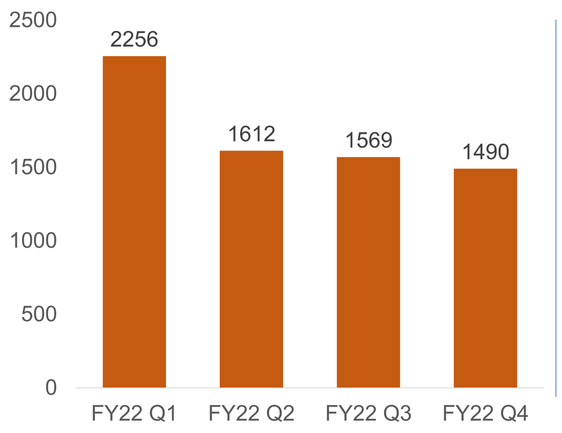
Accelerated stable client enrolment in community DSD models upon use of DSD client preference tool



65% of clients on treatment enrolled on DSD models (CCLAD, CDDP, and FTDR).

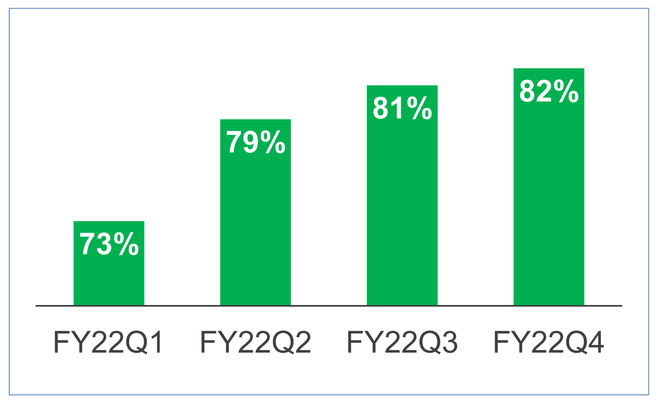
Accelerated uptake of community-based models - ↑ enrollment in **CDDP** and ↓ in **FTDR** in Q3

IIT trend over the Quarters



Observed **reduction** in number of enrolled on treatment interrupting treatment

Viral load suppression over quarters



Improved Viral suppression rate among CALHIV

DSD client preference tool scaled-up to all 70 sites upon initial roll-out in 10 sites

Figure 2: Health education session at a Community Drug Distribution Point Credit: Agatha Angwech \USAID LPHS Ankole & Acholi Activity

CONCLUSION/RECOMMENDATIONS

- RCAs are simple approaches for determining structural and client-level challenges in HIV treatment
- Applying the DSD client preference tool integrates client-centered care in addressing challenges affecting treatment continuity
- Significant improvement in processes of HIV care possible with optimization of client preference of service delivery models
- Accelerated enrollment in Community DSD models improves the continuity of treatment

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