

# Poster Abstract Book

## 6<sup>th</sup> CQUIN Annual Meeting

Posters will be on display in the Great Ilanga Foyer

Electronic versions of the posters are also available on the CQUIN website here:

<https://www.cquin.icap.columbia.edu/event/cquin-6th-annual-meeting/posters>



### Track A Posters – DSD Updates by Country

Tues, Dec 6 – Wed, Dec 7

Poster walk Tues, Dec 6 from 4-5PM

*DSD Updates by CQUIN Network Country – posters developed by Ministries of Health*

### Track B Posters – General Poster Submissions

Thurs, Dec 8 – Fri, Dec 9

Poster walk Thurs, Dec 8 from 10-10:30AM (morning tea break)

*Posters selected after open call for poster concepts from CQUIN Network colleagues*

**HIV Learning Network**

The CQUIN Project for Differentiated Service Delivery

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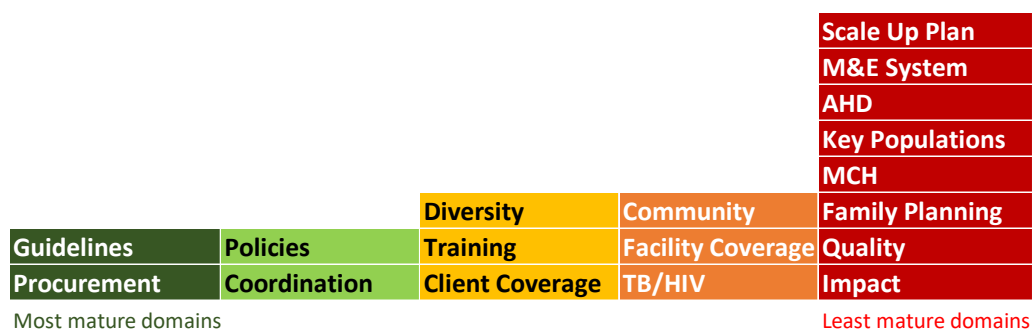
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## TRACK A POSTERS – DSD Updates by Country

### A1. Mise à l'échelle de la prestation de services différenciés au Burundi : Etat de mise en œuvre et perspectives (DSD scale-up in Burundi: Implementation status and perspectives)

PNLS/IST/HV: Dr Aimé Ndayizeye, Directeur; Dr Hamidou Nzomwita, Directeur Technique; Dr Noella Rurihose, Chef du Service PEC; Dr Saidi Karemangingo, DSD Advisor

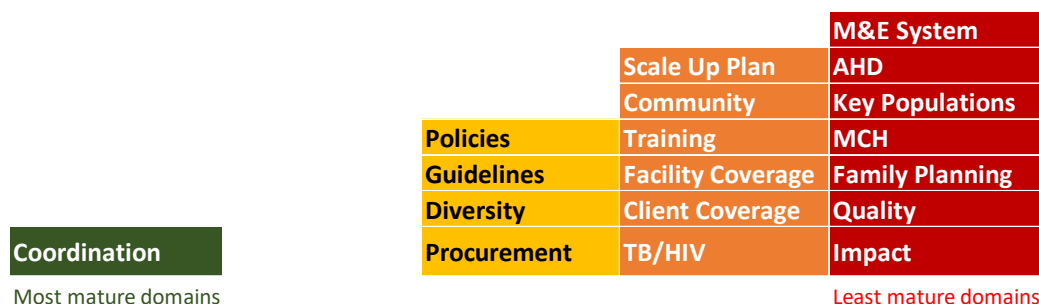
CCDP+ : Hamza Burikukiye, Président. Représentants des PMO du PEPFAR (ICAP/RISE, FHI360/RAFG, PSI) et CRB, PNUD



### A2. Mise à l'échelle de la prestation de services différenciés au Cameroun : Etat de mise en œuvre et perspectives (DSD scale-up in Cameroon: Implementation status and perspectives)

HADJA HAMSATOU<sup>1</sup>, LIFANDA EBIAMA<sup>1</sup>, ONANA Roger<sup>1</sup>, BABODO Carmen<sup>1</sup>, MADJO Leopoldine<sup>3</sup>, MR LANDOM SHEY<sup>2</sup>

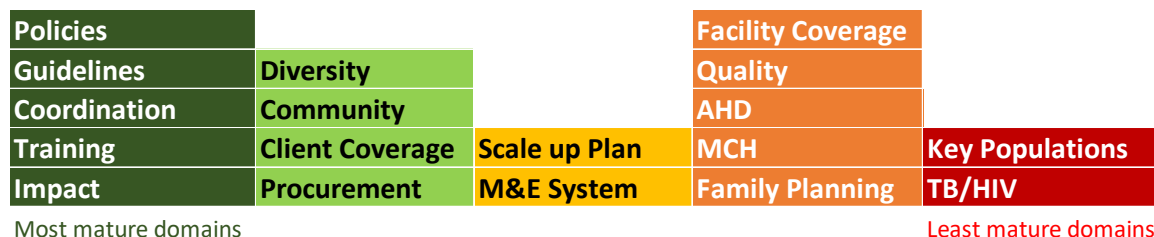
1. Comité National de Lutte contre le Sida (CNLS), 2. Réseau des PVV, (RECAP+), 3. Direction de lutte contre les Maladies Epidémiques et Pandémiques (DLMEP), MOH



### A3. Mise à l'échelle de la prestation de services différenciés en Côte d'Ivoire: Etat de mise en œuvre et perspectives (DSD scale-up in Cote d'Ivoire: Implementation status and perspectives)

Koffi S. Bohoussou<sup>1</sup>, Eponon S. Koffi<sup>1</sup>, Blaise Kouamé<sup>1</sup>, Mathurin Kouadjalé<sup>1</sup>, Patrice Ladji<sup>1</sup>, Ehui Eboi<sup>1</sup>, Nicolas Vako<sup>2</sup>, Serge Kanhon<sup>3</sup>, Margueritte Thiam<sup>4</sup>, Amani Lokossue<sup>5</sup>

1. Programme National de Lutte contre le Sida (PNLS), 2. RIP+, 3. ACONDA VS, 4. USAID, 5. PEPFAR



#### A4. Mise à l'échelle de la prestation de services différenciés en République Démocratique du Congo: Etat de mise en œuvre et perspectives (DSD scale-up in the Democratic Republic of Congo: Implementation status and perspectives)

Ingwe Chuy Richard\*, Patria Nymbo Luana\*, Gaetan Nsiku Dikumbwa\*, Elie Twite Banza\*, Ange Mavula\*\*, Aimé Mboyo Nkoso\*  
 \* Programme National de Lutte contre le VIH/Sida et les IST (PNLS). \*\* Union Congolaise des Organisations des Personnes vivant avec le VIH (UCOP+).

<b>Policies</b>	<b>Diversity</b>	<b>M&amp;E System</b>	
<b>Guidelines</b>	<b>Community</b>	<b>Procurement</b>	
<b>Scale Up Plan</b>	<b>Training</b>	<b>Facility Coverage</b>	<b>Key Populations</b>
<b>Coordination</b>	<b>Client Coverage</b>	<b>TB/HIV</b>	<b>Family Planning</b>
<b>Impact</b>	<b>AHD</b>	<b>MCH</b>	<b>Quality</b>
Most mature domains			Least mature domains

#### A5. Mise à l'échelle de la prestation de services différenciés au Sénégal : Etat de mise en œuvre et perspectives (DSD scale-up in Senegal: Implementation status and perspectives)

Bouso K<sup>1</sup>, Fall F<sup>1</sup>, Coulibaly NB<sup>1</sup>, Diagne PO<sup>1</sup>, Ndiaye S<sup>2</sup>, Thiam A<sup>3</sup>, Diagne NR<sup>4</sup>, Dieye CB<sup>5</sup>, Ndiaye R<sup>6</sup>, Thiam S<sup>5</sup>, Ndour CT<sup>1</sup>  
 1 Division de la Lutte Contre le Sida et les IST, 2 RNP+, 3 FHI360, 4 HED, 5 CNLS, 6 RMD

			<b>Scale Up Plan</b>
			<b>M&amp;E System</b>
<b>Policies</b>			<b>TB/HIV</b>
<b>Guidelines</b>			<b>MCH</b>
<b>Coordination</b>	<b>Diversity</b>	<b>Community</b>	<b>Family Planning</b>
<b>Procurement</b>	<b>Training</b>	<b>AHD</b>	<b>Quality</b>
<b>Facility Coverage</b>	<b>Client Coverage</b>	<b>Key Populations</b>	<b>Impact</b>
Most mature domains			Least mature domains

#### A6. Taking Differentiated Service Delivery to Scale in Eswatini: Towards 95:95:95

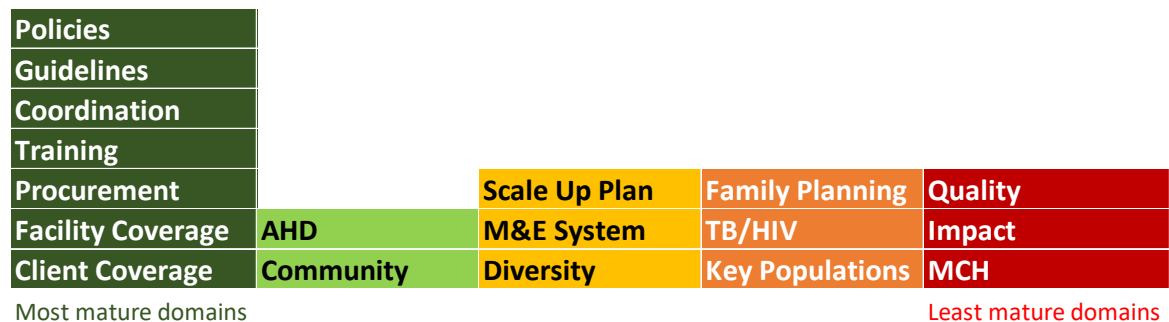
Nicholas Kisyeri<sup>1,2</sup>, Setsabile Gulwako<sup>1</sup>, Clara Nyapokoto<sup>1</sup>, Lenhle Dube<sup>1</sup>, Lindiwe Simelane<sup>3</sup>  
 1. Eswatini National AIDS Program. 2. ICAP at Columbia University, Eswatini. 3. Dream Alive Eswatini.

<b>Policies</b>		<b>AHD</b>		
<b>Guidelines</b>		<b>M&amp;E System</b>	<b>Quality</b>	
<b>Procurement</b>		<b>Training</b>	<b>Family Planning</b>	
<b>Client Coverage</b>	<b>Diversity</b>	<b>Community</b>	<b>MCH</b>	<b>Impact</b>
<b>Facility Coverage</b>	<b>Coordination</b>	<b>Scale Up Plan</b>	<b>TB/HIV</b>	<b>Key Populations</b>
Most mature domains				Least mature domains

## A7. Taking Differentiated Service Delivery to Scale in Ethiopia: Progress Towards Attainment of DSD Quality Standards

Mirtie Getachew<sup>1</sup>, Alemtsehay Abebe<sup>1</sup>, Teklu Lemessa<sup>1</sup>

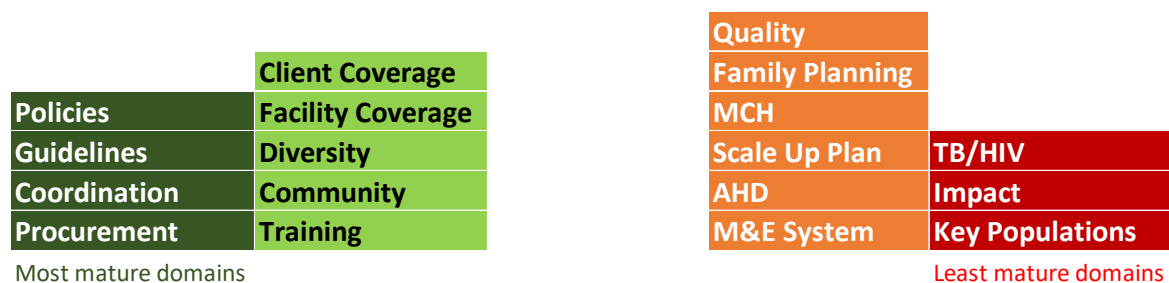
1-MOH-Ethiopia, National HIV/VH Program



## A8. Taking Differentiated Service Delivery to Scale in Ghana: Ghana’s Journey with the CQUIN Network

S. Addo<sup>1</sup>, R. Adu-Gyamfi<sup>1</sup>, K. Owusu<sup>1</sup>, K. Danso<sup>1</sup>, C Adonadaga<sup>1</sup>, E. Ayeh<sup>2</sup>, K. Senya<sup>3</sup>

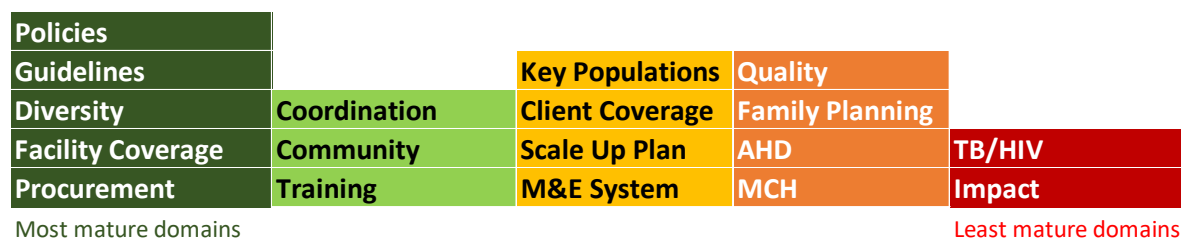
1. National AIDS/STI Control Programme-Ghana, 2. NAP+ Ghana, 3. WHO Country Office, Ghana



## A9. Taking Differentiated Service Delivery to Scale in Kenya: Progress, Lessons and Opportunities

Rose Wafula<sup>1</sup> Pius Mutuku<sup>1</sup>, Rose Ayugi<sup>1</sup>, Franklin Songok<sup>1</sup>, Maureen Inimah<sup>1</sup>, Lazarus Momanyi<sup>1</sup>, Abraham Katana<sup>2</sup>, Evelyn Ngugi<sup>2</sup>, Kenneth Masamaro<sup>2</sup>, Dennis Osiemo<sup>3</sup>, Nelson Otwoma<sup>4</sup>

1. Kenya Ministry of Health NASCOP, 2.CDC Kenya, 3. USAID Kenya, 4. NEPHAK



## A10. Taking Differentiated Service Delivery to Scale in Lesotho

DR TAPIWA TARUMBISWA<sup>1</sup>, DR NTHUSENG MARAKE<sup>1</sup>, ANNA MASHEANE<sup>1</sup>, MAKHONGOANA NTOI<sup>1</sup>

1. Lesotho Ministry of Health

			Family Planning	
			MCH	
		AHD	TB/HIV	Quality
Facility Coverage		Community	M&E System	Impact
Procurement		Coordination	Training	Key Populations
Guidelines	Client Coverage	Diversity	Policies	Scale up Plan
Most mature domains			Least mature domains	

## A11. Taking Differentiated Service Delivery to Scale in Liberia: 6th Annual CQUIN meeting

Jonathan Flomo<sup>1</sup>, Amos Mulbah<sup>1</sup>, Michael Odo<sup>1</sup>, Claudius B. Paye<sup>1</sup>, Moses Jackson<sup>1</sup>, Mary Jackson<sup>1</sup>, William Zaza<sup>1</sup>, Wokie Cole<sup>2</sup> & NACP Clinical Team

1. Liberia Ministry of Health, 2. LIBNEP+

				Impact
				Quality
		Facility Coverage		Family Planning
		M&E System		MCH
		Community	Training	TB/HIV
Client Coverage		Diversity	Coordination	AHD
Procurement	Policies	Guidelines	Scale Up Plan	Key Populations
Most mature domains			Least mature domains	

## A12. Taking Differentiated Service Delivery to Scale in Malawi: DSD, a Catalyst for HIV Epidemic Control in Malawi

Stanley Ngoma<sup>1</sup>, Bilaal Wilson<sup>1</sup>, Stone Mbiriawanda<sup>1</sup>, Tiwonge Chimpandule<sup>1</sup>, Rose Nyirenda<sup>1</sup>

1. Department of HIV/AIDS, Ministry of Health, Malawi

				Impact
Key Populations				Quality
Facility Coverage			Family Planning	MCH
Procurement			AHD	TB/HIV
Coordination		Community	Training	Client Coverage
Policies	Diversity	Guidelines	Scale Up Plan	M&E System
Most mature domains			Least mature domains	

### A13. Taking Differentiated Service Delivery to Scale in Mozambique

Aleny Couto<sup>1</sup>, Irénio Gaspar<sup>1</sup>, Hélder Macul<sup>1</sup>, Orrin Tiberi<sup>1</sup>, Guita Amane<sup>1</sup>

1. Ministry of Health, Mozambique

<b>Client Coverage</b>				<b>Family Planning</b>
<b>Facility Coverage</b>				<b>MCH</b>
<b>Procurement</b>				<b>Key Populations</b>
<b>Coordination</b>	<b>Impact</b>			<b>M&amp;E System</b>
<b>Guidelines</b>	<b>Training</b>		<b>TB/HIV</b>	<b>Community</b>
<b>Policies</b>	<b>Diversity</b>	<b>Quality</b>	<b>AHD</b>	<b>Scale Up Plan</b>
Most mature domains				Least mature domains

### A14. Taking Differentiated Service Delivery to Scale in Nigeria

Dr. Akudo Ikpeazu (NASCP); Dr. Clement Adesigbin (NASCP); Dr. Irene Esu (NASCP); Chiamaka Uzomba (NASCP/CQUIN); Dr. Gwomson Daudu (NASCP); Pharm Uzoma Atu (NASCP); Dr. Peter Nwokennaya (NASCP); Geoffrey Ogbeke (NASCP)

<b>Client Coverage</b>				
<b>Facility Coverage</b>				
<b>Procurement</b>			<b>Quality</b>	
<b>Coordination</b>			<b>Family Planning</b>	
<b>Diversity</b>			<b>MCH</b>	
<b>Guidelines</b>	<b>AHD</b>	<b>TB/HIV</b>	<b>M&amp;E System</b>	<b>Impact</b>
<b>Policies</b>	<b>Community</b>	<b>Training</b>	<b>Scale Up Plan</b>	<b>Key Populations</b>
Most mature domains				Least mature domains

### A15. Taking Differentiated Service Delivery to Scale in Rwanda: Annual DSD Implementation Updates

Division of HIV, STIs, Viral Hepatitis and OVDC, Rwanda Biomedical Center, Ministry of Health

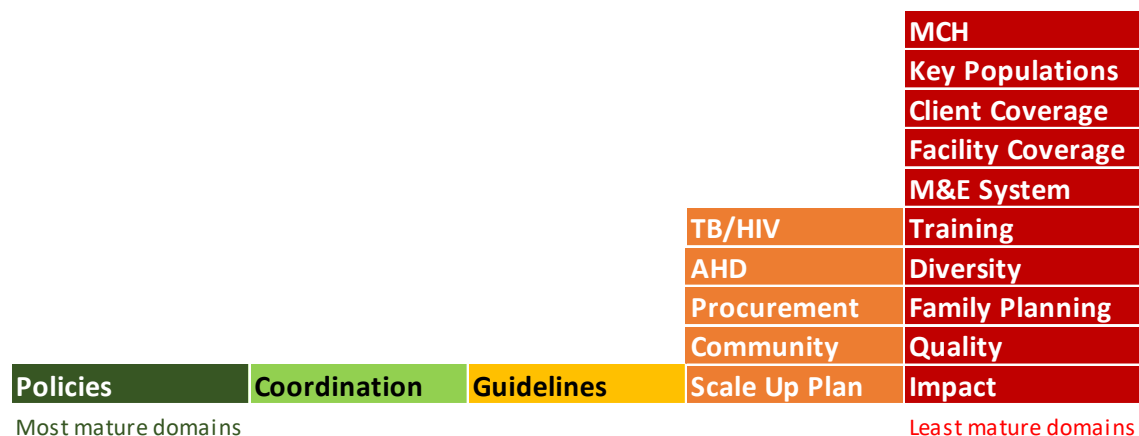
<b>TB/HIV</b>				
<b>Client Coverage</b>				
<b>Facility Coverage</b>		<b>M&amp;E System</b>		
<b>Procurement</b>		<b>Quality</b>		
<b>Community</b>		<b>Family Planning</b>		<b>Impact</b>
<b>Guidelines</b>	<b>Coordination</b>	<b>Training</b>		<b>MCH</b>
<b>Policies</b>	<b>Diversity</b>	<b>Scale Up Plan</b>	<b>AHD</b>	<b>Key Populations</b>
Most mature domains				Least mature domains



## A16. Taking Differentiated Service Delivery to Scale in Sierra Leone: A Phased Approach to Service Delivery

Gerald Younge<sup>1</sup>, Victoria Kamara<sup>1</sup>, Francis Tamba<sup>1</sup>, Ginika Egesimba<sup>1</sup>

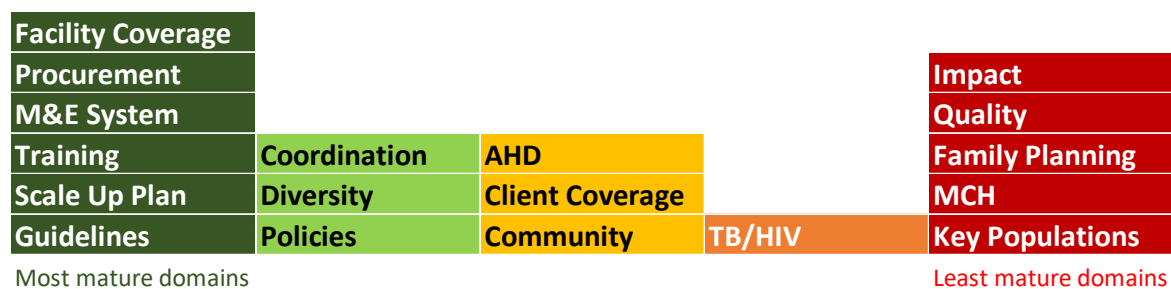
1. The National AIDS Control Program (NACP) in Sierra Leone



## A17. Taking Differentiated Service Delivery to Scale in South Africa: Re-igniting and Accelerating Focus for Differentiated Linkage, Retention, and Re-engagement in Care

Dr M. Manganye<sup>1</sup>, Ms L. Malala<sup>1</sup>, Dr T. Molapo<sup>1</sup>, Ms L. Seshoka<sup>1</sup>, Mr. D. Gavhi<sup>1</sup>, Ms T. Dladlama<sup>1</sup>, Dr. Z Pinini<sup>1</sup>, Dr T. Chidarikire<sup>1</sup>

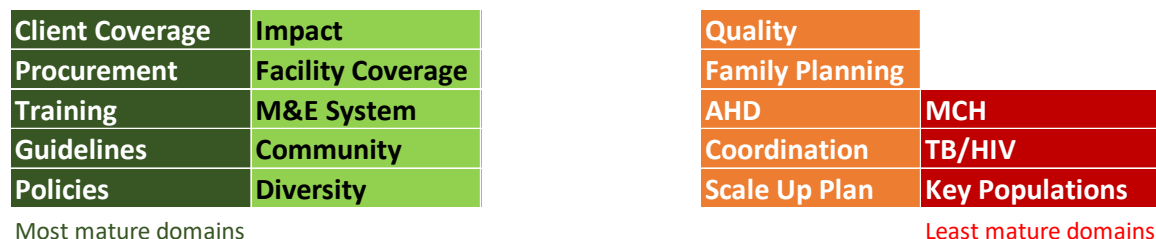
1. National Department of Health, South Africa



## A18. Taking Differentiated Service Delivery to Scale in Tanzania

Mastidia Rutaiwa<sup>1</sup>, Paul Makuli<sup>1</sup>, Boniface Silvan<sup>1</sup>, Mathew Kawogo<sup>2</sup>, Siraj Shabani<sup>1</sup>, James Kamuga<sup>1</sup>, Sylvester Kwilasa<sup>1</sup>, Anath Rwebembera<sup>1</sup>

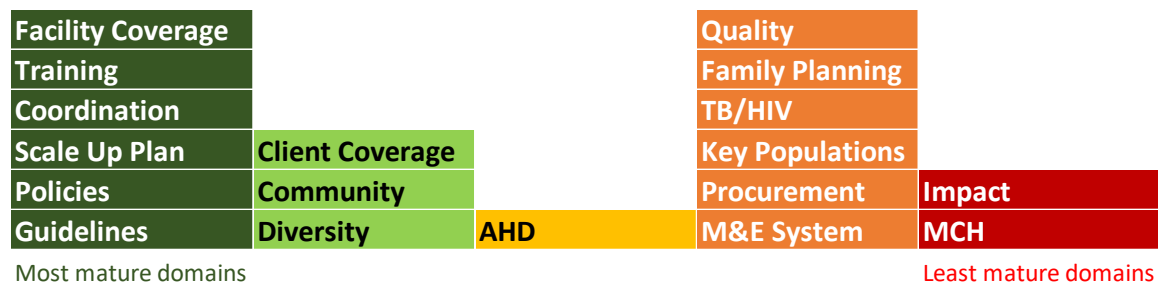
1. MOH, 2. NACOPHA, Ministry of Health, Tanzania



## A19. Taking Differentiated Service Delivery to Scale: DSD Implementation in Uganda

Cordelia Katuurebe<sup>1</sup>, Ivan Arinaitwe<sup>1</sup>, Geoffrey Taasi<sup>1</sup>, Moses Luwunzu<sup>1</sup>, Hudson Balidwa<sup>1</sup>

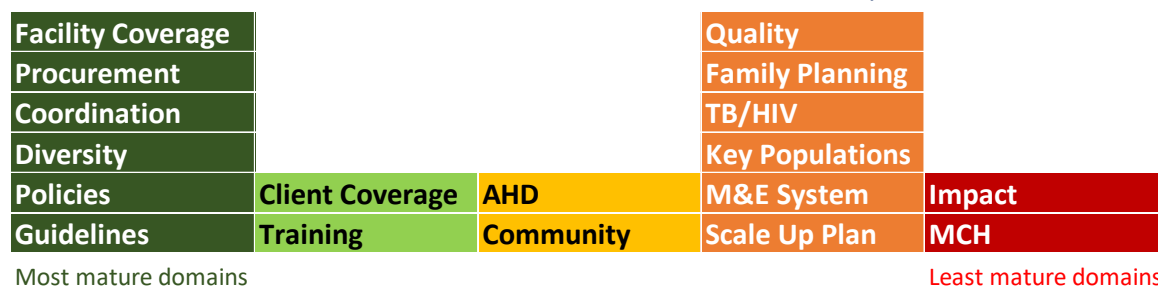
1. Ministry of Health Uganda



## A20. Taking Differentiated Service Delivery to Scale in Zambia

Muhau Mubiana<sup>1</sup>, Mpande Mwenechanya<sup>1</sup>, Linah Mwango<sup>2</sup>, Chimuka Sianyinda<sup>3</sup>, Muya Mwansa<sup>3</sup>, Bevis Phiri<sup>4</sup>, Felton Mpasela<sup>4</sup>, Lubasi Sundano<sup>3</sup>, Sivile Suilanji<sup>3</sup>, Alex Makupe<sup>3</sup>, Priscilla Lumano Mulenga<sup>3</sup>

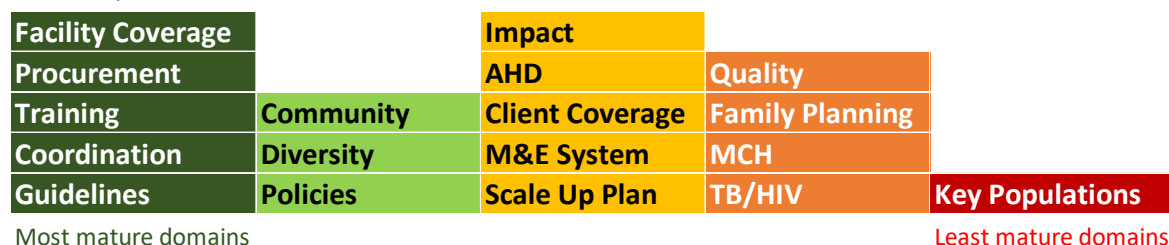
1. Center for infectious Disease Research in Zambia, 2. Ciheb Zambia, 3. Ministry of Health, 4. Clinton Health Access Initiative



## A21. Zimbabwe: Responding to Client Preferences through Differentiated Service Delivery

Tsitsi Apollo<sup>1</sup>, Clorata Gwanzura<sup>1</sup>, Takura Matare<sup>1</sup>, Chiedza Mupanguri<sup>1</sup>, Alex Ingwani<sup>1</sup>, Ronald Nyabereka<sup>1</sup>, Tshebukani Moyo<sup>1</sup>

1. Ministry of Health and Child Care



## TRACK B POSTERS – General Poster Submissions

### B1. Implication des Leaders Religieux et Traditionnels dans le Réengagement (Involvement of religious and traditional leaders in Re-engagement)



**RESEAU IVOIRIEN DES ORGANISATIONS DE PERSONNES VIVANT AVEC LE VIH - SIDA**

**AUTEURS**

- ✓ NICOLAS VANKO, Directeur Exécutif de l'IBP+
- ✓ JEAN EMMETTE EKOUANO, Chargé des Statistiques et Suivi au IBP+
- ✓ PIERRE NGIRANI, Coordinateur Technique Suivi et Suivi au IBP+
- ✓ Programme National de Lutte contre le SIDA

**TITRE : IMPLICATION DES LEADERS RELIGIEUX ET TRADITIONNELS DANS LE RÉENGAGEMENT**

**OBJECTIF :**  
Évaluer l'implication des responsables de camps de prière et autres guérisseurs traditionnels dans la prise en charge globale des PVVIH

**Introduction**

- Baisse du taux de prévalence (1,94 %, Spectrum 2022 ONUSIDA)
- Mais toujours des perdus de vue
- Les camps de prière reçoivent des perdus de vue

**Résultats des interviews**  
*07 femmes et 20 hommes*  
*De juillet à Novembre 2022*

**PERCEPTIONS SOCIALES/CONNAISSANCES SUR LE VIH**

- 65% : il est bon de soutenir une PVVIH en l'aidant à suivre le traitement ARV
- 35% : convaincus que les traitements traditionnels sont les meilleurs remèdes
- 95% ignorent la notion de charge virale
- 30% : un traitement bien suivi facteur de bonne santé des PVVIH

**AIDE A L'OBSERVANCE :**

- 70% ont des PVVIH parmi leurs fidèles/patients
- 40% ont déclaré avoir reçu des fidèles/patients non observant
- 20% ont déjà référé des PVVIH vers les centres de prise en charge

**CADRE DE COLLABORATION :**

- 75% favorables et disponibles pour une formation
- 25% persuadées que les traitements traditionnels sont plus efficaces.

**AVIS SUR LES ARV**




**COLLABORATION**



**A faire :**

- Renforcement de la sensibilisation
- Formation et suivi-évaluation des activités





**RESEAU IVOIRIEN DES ORGANISATIONS DE PERSONNES VIVANT AVEC LE VIH - SIDA**

**AUTEURS**

- ✓ NICOLAS VANKO, Exécutif Directeur de l'IBP+
- ✓ JEAN EMMETTE EKOUANO, Monitoring and Evaluation Officer of IBP+
- ✓ PIERRE NGIRANI, Care and Support Technical Advisor of IBP+
- ✓ National AIDS Control Programme (NACPS)

**Involvement of religious and traditional leaders in Re-engagement**

**OBJECTIVE :**  
Evaluate the involvement of prayer camp leaders and other traditional healers in the overall care of PLHIV

**Introduction**

- Decrease in prevalence rate (1.94%, Spectrum 2022 UNAIDS)
- But still people lost to follow-up
- Prayer camps receive those lost to follow-up

**Results of the interviews**  
*7 women and 20 men*  
*From July to November 2022*

**SOCIAL PERCEPTIONS/KNOWLEDGE ABOUT HIV :**

- 65%: it is good to support a PLHIV by helping him to follow the ARV treatment
- 35%: convinced that traditional treatments are the best cures
- 95% are unaware of the concept of viral load
- 30%: a well-monitored treatment factor in the good health of PLHIV

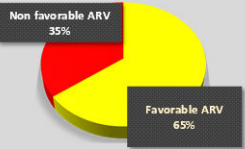
**ASSISTANCE WITH OBSERVANCE :**

- 70% have PLHIV among their followers/patients
- 40% said they received followers/non-compliant patients
- 20% have already referred PLHIV to care centers

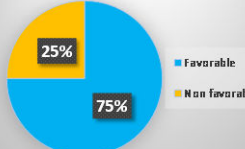
**FRAMEWORK OF COLLABORATION :**

- 75% favorable and available for training
- 25% convinced that traditional treatments are more effective.

**ARV OPTIONS**




**COLLABORATION**



**To do :**

- Raising awareness
- Training and monitoring-evaluation of activities



### B2. Differentiated service delivery for HIV treatment during the COVID-19 pandemic: Descriptive analysis of programmatic data from Nigeria

Olusola Sanwo<sup>1</sup>, Navindra E. Persaud<sup>2</sup>, Augustine Idemudia<sup>1</sup>, Philip Imohi<sup>1</sup>, Titilope Badru<sup>1</sup>, Hadiza Khamofu<sup>1</sup>, Robert Chiegi<sup>1</sup>, Dorothy Oqua<sup>3</sup>, Satish Raj Pandey<sup>4</sup>, Pius Nwaokoro<sup>5</sup>, Uduak Akpan<sup>5</sup>, Chika Obiara-Okafo<sup>6</sup>, Kolawole Olatunbosun<sup>6</sup>, Ezekiel James<sup>6</sup>, Isa Iyortim<sup>6</sup>, Moses Bateganya<sup>7</sup>

1. FHI 360 Nigeria, 2. FHI 360 USA, 3. Howard University, Nigeria, 4. Helen Keller International, Nepal, 5. ECEWS, Nigeria, 6. USAID Nigeria, USAID Uganda

The rapid increase in PLHIV on ART in Akwa Ibom and Cross River States in Nigeria led to overcrowding at clinics and long wait times. In order to ensure clients receive prompt ART services and remain in care, they were devolved to receive ART refills through five DSD models: fast-track, adolescent refill clubs, community pharmacy ART refill programs (CPARPs), community ART refill clubs (CARCs), and community ART refill groups (CARGs). In the context of COVID-19-related travel restrictions, out-of-facility models offered critical mechanisms for continuity of treatment.

We compared retention and viral suppression among those devolved to DSD with those who continued standard care at facilities through a retrospective cohort study of PLHIV receiving ART in 151 health facilities (123 public, 26 private-for-profit, and 2 faith-based organizations and 83 community pharmacies) between January 2018 to December 2020.

Retention rates at 6 months exceeded 96% for all models compared to 94% among those continuing standard care. No significant sex differences in retention rates were found among those enrolled in DSD. Viral suppression was higher among those on DSD compared to standard care.

### **B3. Scaling up DSD in Nigeria through the Implementation of State-to-State Learning Visits**

Uzomba, C.A.<sup>1,2</sup>, Adesigbin, C.<sup>1</sup>, Ezenduka, J.<sup>3</sup>, Ogbek, G.<sup>1</sup>, Esu I.<sup>1</sup>, and Ikpeazu, A.<sup>1</sup>

1. NASCP, 2. CQUIN, 3. ICAP Nigeria

Nigeria implemented a state-to-state learning exchange strategy to support the rapid scale up of differentiated service delivery (DSD) across the country. There is a lot of diversity across Nigerian states in terms of HIV service delivery approaches and performance towards targets, and therefore different states can leverage on each other's experiences as they plan to scale up DSD. Building on experience from the CQUIN learning network, the National AIDS and STIs Control Programme (NASCP) piloted eight state-to-state learning exchange visits in the country on themes around facility and community DSD. This poster focuses on the outcome these visits have had in scaling up DSD models in 3 of the 12 pilot states.

At 4 months post-visit, Anambra increased the number of persons devolved from 11,451 to 17,516 while also increasing the number of DSD models implemented in the state from seven (7) to fourteen (14). Post-visit, Benue devolved an additional 2,325 recipients of care (RoC) totaling 44,865 (19.3%) and plans to increase the number of devolved RoC (who are established on ART) from 19.3% to 50% by February 2023. Taraba state has mapped 168 primary health centres, trained the facility staff to provide ART refills as Decentralised ART Refill Facilities (DARF) and plans to engage 25 Pharmacies as community pharmacies across 7 LGAs.

### **B4. DSD for HIV treatment in the City of Cape Town: Providing quality care alongside annual clinical visits**

Beth Harley<sup>1</sup>, Karen Jennings<sup>1</sup>, Natacha Berkowitz<sup>1</sup>, Erika Mohr-Holland<sup>1</sup>, Kay Joseph<sup>1</sup>, Jacqueline Ross<sup>1</sup>, Lynne Wilkinson<sup>2,3</sup>, Anna Grimsrud<sup>2</sup>

1 – City Health, City of Cape Town, 2 IAS – International AIDS Society, 3 University of Cape Town

*Introduction:* The City of Cape Town (CCT) has been implementing Adherence Clubs since 2011. People in Clubs (around 40,000) have an annual clinical review supported by a clinical SOP setting out the minimum package of clinical care. City audits are completed annually to improve the quality of care.

*Methods:* Audit data from 2018, 2019 and 2022 was reviewed. The audits assessed the quality of care provided including the quality of the annual clinical consultations (whether weight was recorded, family planning (FP) needs were assessed, the PAP smear for women is up to date, and if screening for other health conditions was completed (TB, STIs and NCDs).

*Results:* From the 403 folders of Club patients reviewed in 2022, completion of weight (96%), FP assessment (81%), TB screen (85%), STI screen (88%) were generally well done with a quality score of the clinical visit of 78%. PAP smear completion requires work with a current PAP smear recorded in 58% of folders.

*Discussion:* Club patients in the CCT are receiving a comprehensive clinical visit on an annual basis of relatively high quality. The clinical SOP guiding annual clinical reviews provides an opportunity to audit and support improved clinical governance/quality improvement.

## **B5. Concerns, barriers, and healthcare access preferences regarding HIV care among recipients of care in DSD model care in South Africa, Malawi and Zambia**

Idah Mokhele<sup>1</sup>, Amy Huber<sup>1</sup>, Cheryl Hendrickson<sup>1,2</sup>, Vinolia Ntjikelane<sup>1</sup>, Bevis Phiri<sup>3</sup>, Timothy Tchereni<sup>4</sup>, Sydney Rosen<sup>1,7</sup>, Priscilla Lumano Mulenga<sup>5</sup>, Mpande M Mwenechanya<sup>5</sup>, Prudence Haimbe<sup>3</sup>, Hilda Shakwelele<sup>3</sup>, Rose Nyirenda<sup>6</sup>, Stanley Ngoma<sup>6</sup>, Andrews Gunda<sup>4</sup>, Sophie Pascoe<sup>1</sup>

1. Health Economics and Epidemiology Research Office, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, 2. Department of Medical Microbiology, Amsterdam University Medical Centre, Amsterdam, the Netherlands, 3. Clinton Health Access Initiative, Lusaka, Zambia, 4. Clinton Health Access Initiative, Lilongwe, Malawi, 5. Ministry of Health, Lusaka, Zambia, 6. Ministry of Health, Lilongwe, Malawi, 7. Department of Global Health, Boston University School of Public Health, Boston, MA, USA

We conducted a cross-sectional survey from April to November 2021 among adult ( $\geq 16$ ) recipients of care (RoC) attending 45 primary clinics in South Africa, Malawi, and Zambia. Participants were enrolled consecutively at routine clinic visits and stratified by differentiated service delivery (DSD) models. Eligible patients were active on ART for  $\geq 6$  months and enrolled either in 6-month dispensing (6MMD), community-based DSD model (CBDM), or facility-based DSD model (FBDM). Study participants were asked about concerns and barriers regarding HIV care and preference regarding healthcare access using questions with Likert-scale responses. We present the proportions of participants with concerns and reported barriers regarding HIV care and healthcare access preferences by DSD model.

Overall, 76.1% had at least one concern or barrier regarding their HIV care, with similar proportions across 6MMD (76.8%), FBDM (78.0%) and CBDM (72.3%). The most common concerns related to transport costs to the clinic (45%), which were significantly higher among RoC in 6MMD. More RoC enrolled in 6MMD (94%), and FBDM (80%) liked connecting with other RoC during DSD clinic visits, compared to 67% of CBDM clients. The majority (84.1%) preferred making fewer clinic visits, but 13% overall, and nearly 20% in CBDM, indicated they would prefer more visits.

## **B6. Scaling up Male Antiretroviral Therapy Adherence Clinic in males newly initiated into care in Blantyre Malawi**

Irvine Mchacha<sup>1</sup>, Francis Chilimba<sup>1</sup>, Louiser Kalitera<sup>1</sup>, Rachel Chamanga Kanyenda<sup>1</sup>

1. Elizabeth Glaser Pediatric AIDS Foundation

**Background:** Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Malawi introduced Male Adherence Antiretroviral (ART) Clinics (MAAC) as a differentiated service delivery model for HIV-positive men newly initiating ART in various districts

**Methodology:** This was a quasi-experimental study comparing newly initiated men enrolled in MAAC and those not enrolled in 12 health facilities between April 2021 to March 2022. We followed each group for 6 months post ART initiation to determine outcomes between men enrolled in MAAC vs those not enrolled in MAAC.

**Results:** Data for 2126 males was abstracted. Majority (37%) were between age 35-44 years. A higher proportion of males (83%) enrolled in MAAC clinic were alive and in care at 6 months compared to those not enrolled in the MAAC clinic (71%, p value  $< 0.001$ ). Viral suppression was higher in men enrolled in the MAAC clinic (96%) compared to those not enrolled in MAAC (91%, p-value 0.004).

**Conclusion:** Retention and viral load suppression outcomes were significantly better in men enrolled in MAAC compared to those who were not enrolled in MAAC. Our findings also show a relatively low acceptance proportion of the MAAC intervention and there is need to design innovative ways to ensure this intervention is acceptable within men.



## **B7. Accelerating Community Differentiated Service Delivery Models (DSDM) improves continuity of Treatment among Persons Living with HIV (PLHIV) in post-war ravaged Acholi sub-region, Uganda**

Kyakuwa Richard Jjuuko<sup>1</sup>, Michael Ochwo<sup>1</sup>, Kasunumba Noah<sup>1</sup>, Agatha Angwech<sup>1</sup>, Lawino Anna<sup>1</sup>, Jackie Calnan<sup>2</sup>

<sup>1</sup>USAID Local Partner Health Services – Ankole and Acholi Activity, The AIDS Support Organization (TASO), Uganda, <sup>2</sup>USAID, Uganda

**Background:** 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. Additionally, (42,646) 90.2% of the stable PLHIV received ART services at the 70 supported health facilities and 9.8% PLHIVs received ART services in the community. IIT can lead to viral load rebound, immune decompensation and clinical progression of HIV. We implemented a community DSDM approach to improve continuity in treatment among PLHIV in the region.

**Methodology:** The USAID LPHS Ankole & Acholi activity employed the DSDM as a strategy for providing client-centered care to address PLHIV needs and preferences, improving clinical outcomes and clinic efficiency using community and facility-based models.

The project supported the scale-up of community-based DSDM models; discussed RCA findings with district stakeholders, developed options feasible for clients; mapped out 80% of the facilities that contributed to the highest IIT; supported evaluation of clients using the DSDM client preference tool; conducted targeted mentorship on client stratification; and identified appropriate spaces for community service provision.

**Results:** After four months of implementation, enrollment of PLHIV in community-based models improved from 9.8% (March 2022) to 19% (June 2022), retention from 68% to 74% (12 months retention), IIT decreased from (2,422 to 1,546) and suppression from 91% to 93%.

**Conclusion:** Community DSDM approaches are essential to addressing barriers to retention in care and holistically integrating patient-centered care among PLHIV.

## **B8. Lesotho's Electronic Medical Record Seamlessly Track Progress in Multi-Month Dispensing in Lesotho**

Suzue Saito<sup>1</sup>; Tsigereda Gadissa<sup>2</sup>; Tlohang Moeketse<sup>2</sup>; Makhongoana Ntoi<sup>2</sup>; William Reidy<sup>1</sup>; Felix Ndagije<sup>2</sup>.

<sup>1</sup>ICAP at Columbia University, New York, USA, <sup>2</sup>ICAP at Columbia University, Maseru, Lesotho

**Background:** Lesotho Ministry of Health (LMOH) adopted Differentiated Service Delivery (DSD) models through appointment spacing and MMD as an initial DSD model for stable patients on Antiretroviral Treatment (ART) in 2017. In 2018, Ministry of Health implemented an electronic medical record (EMR) to collect and utilize patient-level longitudinal clinical data to enhance patient care. The EMR is also programmed to aggregate and auto-submit facility-level indicator data monthly into the DHIS2-based health information management system (HIMS) to help program planners assess DSD program progress, including multi-month dispensing (MMD).

**Methods:** We abstracted data from HMIS MMD dashboard tables to summarize the percentage of adult patients ≥15 years of age currently on antiretroviral therapy (ART) who are on MMD schedules disaggregated by HF.

**Results:** As of September 2022, 150,347 patients were on ART in 153/221 (69%) HF with fully implemented EMR. Of those 3,653 (2%) were on a <1-month dispensing schedule, 135,747 (90%) were on MMD schedule and 10,947 (7%) had missing information. Of those who were on MMD, 15,833 (12%; range across HF [RAH] 0%-42%) and 84,812 (62%; RAH: 10%-93%) were on 3-months and 6-months schedules, respectively. 35,102 (23%; RAH: 3%-87%) were on non-conventional 2,5,7 months schedules.

*Conclusion:* LMOH has made great strides in implementing MMD and has developed adaptable health information systems to routinely monitor progress in near real time. Work is underway to add additional DSD indicators to more comprehensively assess progress.

## B9. Improving PrEP uptake among pregnant and lactating women: Change interventions and results from a quality improvement collaborative project in Hhohho and Shiselweni, Eswatini

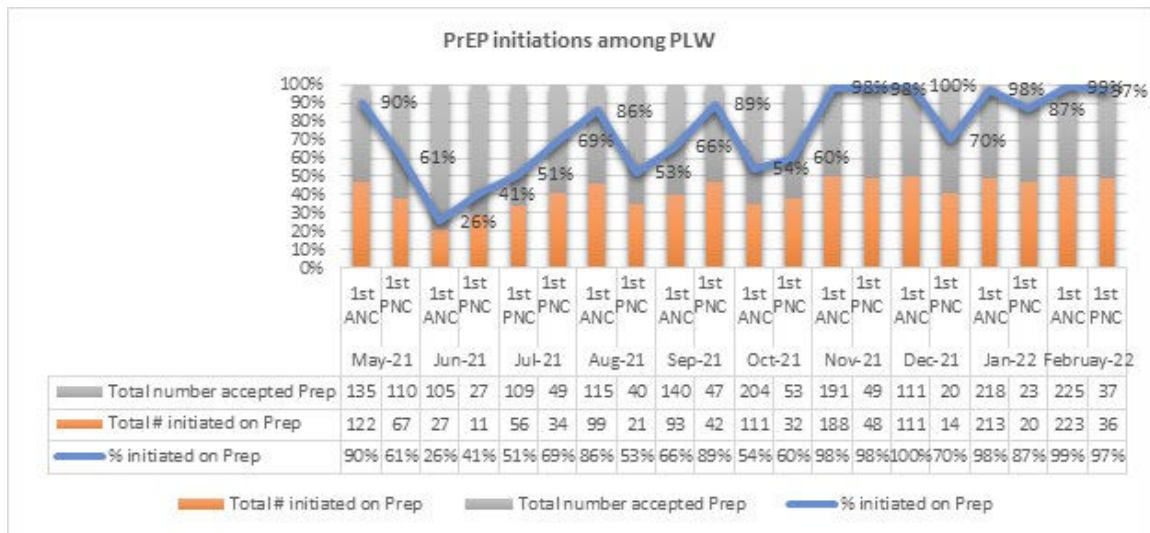
Ntokozo Gama<sup>1</sup>, Maria Nnambarilwa<sup>1</sup>, Wandile Nkosi<sup>1</sup>, Tandzile Zikalala<sup>1</sup>, Gezani Mamba<sup>1</sup>, Nomvuselelo Sikhondze<sup>1</sup>, Hloniphile Lokotfwayo<sup>1</sup>

<sup>1</sup>The ASPIRE Project, Eswatini

*Background:* Between July and September 2020, only 34% of pregnant and lactating women (PLW) at 66 EGPAF-supported sites in Eswatini were initiated on pre-exposure prophylaxis (PrEP) for HIV prevention, indicating a gap between PLW accepting a clinician’s offer of PrEP and receiving the medication.

*Methods and Results:* To strengthen PrEP uptake amongst PLW, 13 high-volume health facilities in Hhohho and Shiselweni regions undertook a Quality Improvement Collaborative project. Root causes contributing to low PrEP initiation rates among PLW were identified, such as limited healthcare worker buy-in to support PrEP services. Then, from April 2021 to February 2022, facilities tested interventions and tracked PrEP initiation rates monthly to determine which activities would mitigate these challenges and contribute to increasing PrEP uptake. By February 2022, PrEP initiation rates increased to 99% amongst pregnant women offered PrEP at their first antenatal care (ANC) visit and 97% amongst lactating women offered it at their first post-natal care (PNC) visit. Training healthcare workers to increase their comfortability offering PrEP and supporting PLW through PrEP initiation was key to improving uptake.

*Conclusion:*



Strengthening PrEP services at ANC and PNC to support PLW through PrEP initiation should be prioritized to prevent HIV amongst PLW and their infants.

## B10. Increasing syphilis testing coverage at antenatal care in Ghana: lessons from the rollout of dual HIV/syphilis rapid diagnostic tests

S. Ayisi Addo<sup>1</sup>, M Abdulai<sup>1</sup>, K. Danso<sup>1</sup>, S. Kafui<sup>2</sup>, K. K. Owusu<sup>1</sup>, W. Ekow<sup>1</sup>, R. Adu Gyamfi<sup>1</sup>, A Ashinyo<sup>1</sup>, C. Johnson<sup>3</sup>

1. National AIDS/STI Control Programme, Ghana, 2. World Health Organization Country office, Ghana, 3. World Health Organization Headquarters, Geneva

*Background:* WHO recommends using dual HIV/syphilis rapid diagnostic tests as the first test in antenatal care (ANC) to prevent mother-to-child transmission. Scaling-up use of dual tests and achieving 95% syphilis testing coverage is a priority in Ghana's triple elimination strategy for HIV, syphilis, and hepatitis B. Here we describe lessons learned from the initial implementation.

*Description:* In 2018, the Ghana Health Service engaged key stakeholders to plan the introduction of the dual test, conducted an assessment to select the First Response HIV/Syphilis duo kit, quantified and procured the selected test kits, and trained service providers. The national rollout began in October 2020.

*Lessons learned:* Following its introduction, syphilis testing coverage increased from 53% to 91%. The National Programme found dual tests reduced overall procurement costs by at least 16%. It reduces time spent per client, provides convenient one-stop access to lab services, and decreases commodity storage space. Broad stakeholder engagement was essential for the success of the dual test rollout.

*Conclusion/Next steps:* Adopting the dual HIV/syphilis rapid diagnostic test in ANC is feasible and critical in improving differentiated testing for Pregnant women. National Programmes should establish robust systems to facilitate the dual test's rapid evaluation, adoption, and scale-up.

## **B11. Implémentation du Duo test VIH/SYPHILIS chez la femme enceinte au Sénégal : challenge et bonnes pratiques (Implementation of the HIV/SYPHILIS duo test in pregnant women in Senegal: challenges and best practices)**

Fall F<sup>1</sup>, Dione NM<sup>1</sup> Traoré KF<sup>1</sup>, Camara A<sup>1</sup>, Lo AF<sup>1</sup>, Bouso K<sup>1</sup>, Ndour CT 1

<sup>1</sup> Division de la Lutte Contre le Sida et les IST

*Partage de l'expérience du Sénégal sur l'utilisation de duo test de 2017 à nos jours :*

*Méthodes :* Suite aux recommandations de l'OMS de 2015, le programme VIH a adopté la stratégie de dépistage des femmes enceintes par le duo test. Dès lors, en 2017, il y'a eu un fort engagement politique, intégration de la stratégie dans nos directives nationales, formation des acteurs de mise en œuvre, intégration des indicateurs de suivi du double dépistage dans les outils de suivi-évaluation, supervision formative auprès des acteurs. Nous partageons l'analyse des données de routine , en comparant la situation avant et après l'utilisation du Syphilis duo test dans le paquet de dépistage chez la femme enceinte.

*Résultats :* De 2015 à 2021, une légère progression du taux de dépistage du VIH a été noté, passant de 81% à 85%. En effet, les tests rapides VIH étaient disponibles dans les structures sanitaires jusqu'au niveau poste de santé depuis 2011 expliquant la tendance relativement stable de l'évolution.

Par contre, concernant la syphilis, le taux de dépistage a plus que doublé après l'introduction des duo tests en 2017. Il est passé de 30% en 2015 à 84% en 2021.

Concernant le dépistage de la syphilis, beaucoup de déperditions étaient notées pour cause du coût du bilans (3000 XOF). Par ailleurs, un défaut de notification du résultat de la syphilis était également relevé dans les outils de reporting.

Depuis l'utilisation des duo tests, la gratuité du test syphilis, la disponibilité et l'accessibilité des tests au niveau de tous les points de prestation CPN, salle d'accouchement, CPON a permis une nette amélioration des indicateurs.

*Conclusion :* L'utilisation d'un test double unique dans le cadre de la délégation de taches a permis au Sénégal d'améliorer l'accès au dépistage de la syphilis chez la femme enceinte. Toutefois, le challenge réside dans la notification et le suivi de la syphilis congénital, mais également la disponibilité de tri tests permettant la triple élimination.

### **Implementation of the HIV/SYPHILIS duo test in pregnant women in Senegal: challenges and best practices**

*Sharing the experience of Senegal on the use of duo test from 2017 to date:*

*Methods :* Following the 2015 WHO recommendations, Senegal's HIV program adopted the screening strategy for pregnant women using the syphilis duo test. In 2017, there was strong political commitment, integration of the strategy into our national guidelines, training of health providers, integration of dual screening monitoring indicators into monitoring and evaluation tools, and supportive supervision of the health providers. We share the analysis of routine



data, comparing the situation before and after the use of the syphilis duo test in the screening package for pregnant women.

*Results* : From 2015 to 2021, a slight increase in the HIV testing rate was noted, from 81% to 85%. Indeed, rapid HIV tests have been available in health facilities up to the health post level since 2011, explaining the relatively stable trend in the evolution. On the other hand, for syphilis, the screening rate more than doubled after the introduction of duo tests in 2017. It rose from 30% in 2015 to 84% in 2021. Concerning the screening for syphilis, missed opportunities were noted because of the cost of the assessments (3000 XOF). In addition, a failure to notify the result of the syphilis test in the reporting tools was also noted. Since the implementation of duo tests, the free syphilis test, the availability, and accessibility of tests at all service delivery points, Antenatal care (ANC), delivery room, Postnatal care (PNC) has enabled a clear improvement in indicators.

*Conclusion* : The use of THE DUO test with task shifting approach has enabled Senegal to improve access to syphilis screening in pregnant women. However, the challenge remains the notification and monitoring of congenital syphilis. The next step, is the move to implementation of tri-tests in line with the triple elimination.

## **B12. Differentiated Health & HIV Care Strategies for and with Trans\* & Gender Diverse Communities**

Ava Mrima - Jinsiangu Kenya, The National Transgender Advocacy Network

The transgender population in Kenya faces unique social and health challenges, compounded by intersecting levels of discrimination and stigma. This largely impacts how transgender and gender diverse communities have access to opportunities and services.

The transgender movement in Kenya since 2005 has had success in employing innovative methods to address core issues in a uniquely diverse cultural context, through multi-level approaches that address transgender specific health and holistic care in the country by leveraging state and non-state-level opportunities of engagement. A key milestone being the recognition of the transgender community in Kenya as part of Key Population.

Engagements through the Ministry of Health set stage to further new and innovative approaches of engaging with other levels of government, community-led programmes and existing healthcare systems to adopt strategies and structures that address barriers to quality health, HIV care and treatment.

These approaches have been through the development of national level HIV and healthcare treatment roadmaps with and for Transgender Key Population communities and developing training, healthcare and data collection tools and manuals with the Ministry of Health.

Gradually this culminates towards enhancing the capacity of Transgender Key population groups to advocate, scale up and fast track holistic approaches in HIV treatment and care at local, regional and international level.

## **B13. Applicability and acceptability of quality differentiated HIV service delivery among men who have sex with men in Kenya**

Jennifer Zech<sup>1</sup>, Silvano Tabbu<sup>2</sup>, Ava Mrima<sup>3</sup>, Enzi Pascal<sup>4</sup>, Oliver Muindi<sup>5</sup>, Lucas Mainya<sup>7</sup>, Manas Migotn<sup>8</sup>, Jeffrey Walimbwa<sup>9</sup>

1. ICAP at Columbia University, 2. KYDESA, 3. Jinsiangu, 4. Ishtar, 5. HAPA, 6. Maygo

*Background*: Men who have sex with men (MSM) are at heightened risk for HIV infection because of biological, behavioral and structural vulnerabilities. Despite several interventions targeting MSM populations a huge gap remains in reaching them to test and linking them to prevention, treatment and adherence services. The study seeks to explore and document the correlation of HIV services and quality of prevention, testing, treatment and care services for MSM populations across Kenya.

*Methods*: The study was conducted in three counties in Kenya: Kisumu, Nairobi and Mombasa. A total of 49 in-depth interviews were conducted with MSM service users registered for ART (n=15), MSM service users registered for PrEP (n=15), healthcare providers (n=8), programmers (n=5) and county policy makers (n=6). Counties in Kenya namely: Kisumu, Nairobi and Mombasa.

*Results:* MSM reported to receiving positive health care and HIV treatment/prevention services at the MSM facilities. Most to be comfortable and said services within community led facilities were confidential and safe. Shortage of communities like test kits, condoms and condom compatible lubricants affected uptake of services. Healthcare providers attitude affected uptake of services and healthcare providers were trained on friendly, Key populations service delivery community members were comfortable to use the facilities.

*Conclusion:* For effective DSD models there is need to train healthcare providers on key populations friendly service delivery. Community led drop in centers need to be well supported with commodities and drugs. Stigma remains a barrier to uptake and must be addressed at the community level.

## **B14. Differentiated Service Delivery for Fisherfolk in Sierra Leone: A Formative Assessment**

Jennifer Zech<sup>1</sup>, Oliver Eleeza<sup>1</sup>, Martin Msukwa<sup>1</sup>, Haja Bah<sup>1</sup>, Henry Sandy<sup>1</sup>, Amari Vandi<sup>1</sup>, Tsitsi Masvawure<sup>2</sup>, Sheka H. Kargbo<sup>3</sup>, Victoria Kamara<sup>4</sup>, Kemoh Mansaray<sup>5</sup>, Mame Toure<sup>1</sup>, Miriam Rabkin<sup>1</sup>

<sup>1</sup>ICAP at Columbia University, <sup>2</sup>College of the Holy Cross, <sup>3</sup>Ministry of Fisheries and Marine Resources, <sup>4</sup>National AIDS Control Program at the Ministry of Health and Sanitation, <sup>5</sup>National HIV and AIDS Secretariat

Fisherfolk, including fishermen, fishmongers, fish traders, fish processors, and community members engaged in the fishing economy as brokers and sex workers, face structural, cultural, social, and economic factors that affect HIV risk, and many fishing communities are characterized by relatively high HIV prevalence. The Ministry of Health and Sanitation (MoHS) identifies fisherfolk as a priority group for the national HIV response.

In 2022, ICAP at Columbia University partnered with the National AIDS Control Program (NACP) at MoHS, the National HIV and AIDS Secretariat (NAS), the Ministry of Fisheries and Marine Resources (MFMR), and the Unions of Artisanal Fishermen to conduct a policy-relevant formative evaluation to assess knowledge, attitudes, and preferences for differentiated health and HIV services amongst fisherfolk in Sierra Leone.

Fisherfolk are eager to receive more healthcare services in general and more HIV services specifically. They are clear about healthcare barriers such as mobility, cost, and perceived low-quality public sector health services, and open to participating in the optimal design of HIV service delivery. Working with fishing communities to design DSD strategies will be an important part of expanding access to HIV testing, including provider-initiated testing, self-testing, index testing, and social network testing services, linkage to prevention, including PrEP, for those testing negative, and linkage to treatment for those testing positive.

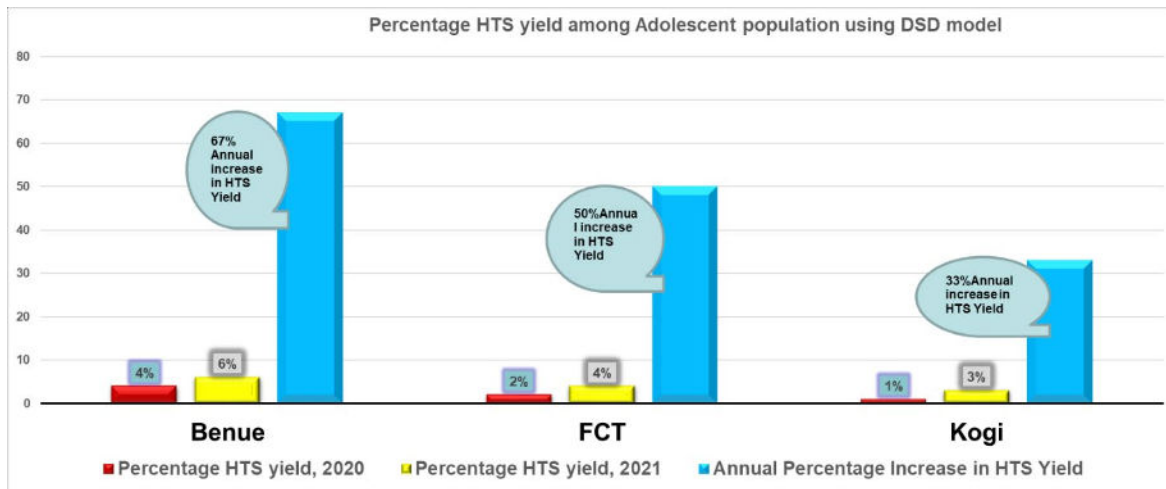
## **B15. The outcome of HIV testing services among adolescents using differentiated service delivery model and prospect for national scale up**

Dr. Etiobhio Etiobhio<sup>1</sup>, Dr. Clement Adesigbin<sup>2</sup>, Mr. Nte Ifeanyichukwu<sup>3</sup>, Ms Aiki Sabina<sup>4</sup>, Dr. Akudo Ikpeazu<sup>5</sup>  
*National AIDS, Viral Hepatitis and STIs Control Programme (NASCP), Federal Ministry of Health, Abuja, Nigeria*<sup>1,2,3,4,5</sup>

*Background:* In Nigeria, Adolescents living with HIV are underserved as a result of limited innovative programs required to address their unique and peculiar needs. Thus, improving adolescent access to HIV interventions requires effective use of persons centered program approaches. As countries strives to achieve the UNAIDS 95-95-95 targets and sustain HIV epidemic control, a form of differentiated service delivery model (DSD) using adolescent club was implemented in three States.

*Methodology:* A Club made of Adolescents living with HIV were formed in FCT, Benue and Kogi State. The role of the club among others was to create demand for HIV services, improve retention in treatment and viral load coverage among adolescents. The Club members consists of 6-10 adolescents, with an expert patient responsible for coordinating the activity of the Club. The progress in HIV case finding using the Club in the three States was determined by comparing percentage HTS yield among adolescents before the DSD in 2020 and inception of the model in 2021. The outcome of the HIV testing services in these States was analyzed and recommendation provided for national scale up to improve HIV case finding among adolescent.

**Results:** The use of adolescent club to provide HIV testing services yielded 67%, 50% and 33% annual increase in Benue, FCT and Kogi State respectively as shown in figure 1 below.



**Figure 1:** Percentage HTS yield in three States between year 2020 and 2021.

**Conclusion and recommendation:** The use of person-centered service delivery model such as adolescent club have shown to increase access to HIV testing services among adolescents. The strategy helped to break barriers such as fear of the HIV test outcome and stigma. The HTS interventions were tailored to the needs of adolescents and invariably eliminated barriers, build confidence and confidentiality guaranteed, thus, improved HTS uptake and yield across the 3 locations. This model when scaled up to all the States in Nigeria will bringing the country closer in achieving total HIV epidemic control among populations.

## B16. Promoting Continuity in Treatment Among Adolescents and Children Living with HIV through Community ARV Drug Delivery Models Supported by OVC Program

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**Background:** Continuity in treatment after initiation on antiretroviral therapy (ART) is a critical determinant of virological suppression and good health outcomes. Caregivers related factors such as competing and unceasing demands of life, busy schedule, distance to the facility, long waiting time and paucity of funds for transportation are some of the reasons for missed appointments. Community ART distribution (cART) is a differentiated service delivery (DSD) model supported by OVC program to mitigate the barriers affecting caregivers from picking up ART.

**Description:** The CDC OVC program supported a total of 12,181 C/ALHIV to benefit from some form of cART distribution such as Home Delivery Model (HDM) for 5930 C/ALHIV [1-4years (671); 5-9years (835); 10-14years (2464); 15-17years (1960)]; cART Refill Clubs(CARC) involved 4492 C/ALHIV [1-4years (270); 5-9years (1012); 10-14(1645); 15-17(1565)]; and 1759 C/ALHIV [1-4years (169); 5-9years (496); 10-14(659); 15-17(435)] received HIV ART at the community pharmacy (CP).

**Lessons Learned:** The caregivers are supportive of enrollment of C/ALHIV into the cART models as they demonstrated high level of commitment in ensuring adherence to ART among C/ALHIV enrolled on cART models.

**Conclusion:** The CDC program will continue to identify barriers to cART program and scale-up additional models, according to client preferences, needs, and context.

## **B17. Pivoting the OVC Program to Improve Treatment Outcome Among Children Living with HIV across CDC Supported States in Nigeria: An Effective Differentiated Service Delivery Strategy**

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**Background:** The Nigeria HIV program has made remarkable progress towards achieving the UNAIDS 95:95:95 Targets. While several innovative strategies led to the achievement of a 72% viral load suppression rate among adults living with HIV, the suppression rate among children remained abysmally low, hovering between 23% to 35%. At the beginning of FY20, the CDC aligned its program to prioritize the enrolment of CLHIV and their households for specific services geared towards achieving VL suppression.

**Description:** The pivoting of OVC program to support epidemic control commenced in COP 2018. This adaptive innovative programming was implemented across the 19 CDC supported states in Nigeria. Viral suppression among children 0-17 years was our primary focus and we addressed critical patient level and socio-economic barriers responsible for the poorly optimized care among CLHIV.

**Lessons Learned:** The targeted support by the OVC program to the CLHIV and their households contributed to the improvement in viral load suppression from 23% at the end of FY19 to greater than 89% by the end of FY22.

**Conclusion:** The geometric increase in suppression rates, from 23% to 89% among CLHIV 0-17 years demonstrated that, pivoting the OVC program to deliver focused interventions could eliminate barriers to retention and support the critical needs of households.

## **B18. Modified Client-Led ART Delivery improves Viral Suppression among Children and Adolescents in Northern Uganda**

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**Background:** Viral suppression (VS) is a critical marker of HIV treatment success. However, VS among children and adolescents (0-19 years) living with HIV (CALHIV) remains suboptimal at 73% compared to adults at 93% in the Acholi sub-region. This is associated with dependency on caregivers, over-representation, transport challenges, stigma, and forgetting appointment. The Modified Community Client-Led Antiretroviral Delivery (MCCLAD) for CALHIV model enabled health workers to provide viral load testing and other services on a quarterly basis at the community.

**Methodology:** MCCLAD was implemented at 70 health facilities in the Acholi sub-region, between February and September 2022. CALHIVs aged 0-19 years were stratified according to cells/villages of origin into groups of 5-10 and enabled to select their cell leader, who were either a Young Adolescent Peer, Community linkages facilitator or caregiver mentor. An orientation on roles and tools was done. Cell leaders followed up virally suppressed children monthly for psychosocial support, the non-suppressed weekly for directly observed treatment for ART at community safe spaces. Held joint monthly facility meetings between facility staff and cell leaders; peer-to-peer meetings were held at scheduled community appointments as well. Using the client audit tool dashboards, health providers planned for services at the community for CALHIV.

**Results:** 75% (2,710/3,617) of CALHIV were enrolled into 334 cells for MCCLAD model by September 2022. Interruption in Treatment reduced from 11.6% (403/3475) in December 2021 to 3.7% (133/3617) in September 2022. Multi-month dispensing improved from 57% (1981/3475) in December 2021 to 79% (2537/3617) in September 2022, and viral suppression improved from 73% (2537/3475) to 82% (2966/3617) in the same period.

**Conclusion:** Enrollment of CALHIV into MCCLAD significantly improved retention and VS among the CALHIV. DSD is critical to addressing structural and client-level barriers to VS.

## **B19. Virological outcomes of children and adolescents on multi-months anti-retroviral drug refills in Tanzania**

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1-Management and Development for Health 2-Regional and District Health Management Team

**Background:** Over half of the people with HIV on anti-retroviral treatment (ART) in Tanzania are on multi-months anti-retroviral drug dispensing (MMD). There are, however, concerns that the prolonged duration between clinical contacts in MMD may predispose to sub-optimal ART adherence, particularly among children/adolescents. We assessed virological outcomes of children and adolescents with HIV on MMD across four regions of Tanzania.

**Methods:** We identified all children/adolescents aged 5-19 years on ART who enrolled on 3/6 MMD from 01/04/2021-30/06/2021 in Dar-es-Salaam, Kagera, Geita and Tabora regions. Study participants were followed up and assessed for virologic outcomes at 12+/-3 months since MMD enrolment. We used  $\geq 1000$  copies/mL and  $\geq 50$  copies/mL as thresholds for virologic failure and detectable viral load, respectively.

**Results:** During April-June 2021, 7,912 children/adolescents enrolled on MMD in the four regions. At baseline, all the children/adolescents had undetectable viral load and 54% were female, 28% aged 5-9 years and 36% aged 10-14 years. After 12 months, 5,857 (74%) children/adolescents were assessed for virological status whereby 355 (6.1%) had virologic failure whereas 5,169 (88.2%) had undetectable viral load.

**Conclusion:** Majority (94%) of children/adolescents on MMD remained virally suppressed 12 months later, however detectable viral load remains common (11.8%) and needs closer attention.

## **B20. The Synergetic Effect of Teen Clubs Towards Pediatric HIV Viral Load Suppression in Southern Zone of Tanzania: Case study from Morogoro Region**

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<sup>1</sup>Deloitte Consulting Ltd <sup>2</sup> Management and Development for Health

**Background:** HIV Viral Suppression remains a pivotal game changer for achieving HIV Epidemic Control. On the other hand, achieving optimal ART adherence and viral suppression outcomes remain a major challenge among pediatric population.

**Methods:** USAID Afya Yangu Southern Program is implementing 60 teen clubs and 323 Saturday clinics with 1,734 and 8,280 beneficiaries respectively. Through these clinics adherence to medication has improved and subsequently the HIV Viral Load suppression among pediatric population.

### **Eligibility criteria:**

- Age: 0-19 years of age in and out of school children
- On ART medication

### **Activities conducted:**

- Psychological support and medical treatment
- Adolescent peers as role models to adherence to ART
- Disclosure counselling to parents/care givers and children
- Round trip fare to clinic
- MMD to eligible children
- Games and sports

**Results:** During FY22, HVL Suppression among peds improved from 79% to 92% in Gairo DC (n=92) and from 80% to 90% in Malinyi DC (n=104) in Morogoro region.



## B21. Community HIV prevention and care and treatment for adolescents and youth in Nampula, Mozambique

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### 1. ICAP Mozambique

**Background:** Adolescent and young people (AYP) in Sub Saharan Africa (SSA) are disproportionately affected by the HIV epidemic, in 2020, 1.75 million adolescents were living with HIV worldwide, with 88% (1.5 million) in SSA. In 2020 in Mozambique of the 98,000 individuals newly infected with HIV, 17% (17,000) were adolescents<sup>1</sup>. ICAP works with Nampula's Provincial Health Authorities (DPS/SPS), community-based organizations (CBO) and private sector to design and implement a community service delivery model targeting adolescents and young people and engaging them in health services in Nampula province.

**Methods:** In June 2022, ICAP, provincial and facility leadership started the implementation of an AYP targeted mobile brigade (MB), offering comprehensive HIV prevention, care and treatment integrated into general health services (e.g. MCH/FP, outpatient consultation) at community level. Preferred locations were identified with AYP, focusing on AYP congregation areas and universities and technical schools. In coordination with local CBOs, ICAP complemented the offer of clinical services with recreational activities, i.e. music, sports and theatre competitions, to promote demand for services and to strengthen HIV and health literacy.

**Results:** Between June and November 2022, 31 MB were held, reaching 1,043 adolescents and youth, 615 girls and 428 boys. Those 730 tested for HIV, with 28 (4%) testing positive, all initiating ART. Of the 702 tested HIV negative, 259 were eligible for PrEP (141 girls and 118 boys) and 98% (138/141) girls and 95% of the boys (112/118) accepting and initiating PrEP.

**Discussion:** Contextualized interventions to reach adolescents and young people are essential, targeted demand creation and health literacy strategies using peers, coupled with decentralization of services to communities, resulted in a high percentage of boys reached with health services, demand and acceptance of PrEP was also high among adolescent girls and boys. These initial results reinforce the need to review service delivery models, responding to AYP needs and interests, to be able to reach this subpopulation with much needed HIV prevention and care and treatment services. ICAP will continue to work with local partners to expand and strengthen this strategy to other communities within Nampula Province.

### Time period June/November 2022

Number AGYB attended Mobile brigade	F	615
	M	428
	Total	1043
Number tested for HIV	F	415
	M	315
	Total	730
Number tested positive for HIV	F	16
	M	12
	Total	28
Yield (%)		4%
Linked to care (%)	F	100%
	M	100%
Number eligible for PrEP	F	141
	M	118
	Total	259
Initiated PrEP (%)	F	98%
	M	95%

## **B22. Community commodity distribution (CCD) - a client centered DSD model in Eswatini**

Nicholas Kisyeri<sup>1,2</sup>, Setsabile Gulwako<sup>1</sup>, Clara Nyapokoto<sup>1</sup>, Lenhle Dube<sup>1</sup>, Lindiwe Simelane<sup>3</sup>

1. Eswatini National AIDS Program. 2. ICAP Columbia University, Eswatini. 3. Dream Alive Eswatini.

*Background:* CCD is an opportunity to achieve and sustain 95-95-95 goals. Antiretroviral therapy (ART), tuberculosis and TB preventive therapy, pre-exposure prophylaxis, family planning and non-communicable diseases commodities are refilled at the Pick-up points (PUP). HIV testing and laboratory services are provided where possible.

*Description:* Eligible recipients of care (ROCs) were identified at facility level and at community level. The CCD facility team contacted the eligible ROCs to confirm their PUP and prepare ART and necessary commodities. On the appointment day, the facility team carry commodities to PUPs. Some ROCs also showed up without appointments but still received the services.

*Lessons Learned:* By June 2022, the number of health facilities implementing CCD were 78. The number of functional CCD points were 638, that is more than 20 types of distribution points. 5.3% of ROCs picked up their commodities from the PUPs whilst 94.7% refilled through facilities. The Viral Load suppression of 98% among CCD ROCs was recorded.

*Conclusion:* CCD increases access and reduce costs to ROC with chronic illnesses. It decongested facilities and increased service coverage. Facilities need to integrate CCD in their programs and improve electronic medical records capturing. Services integration and meaningful MOH engagement would improve coverage and retention.

## **B23. Decentralized dispensing of ART at private pharmacies: Follow-up of patients enrolled in this model in four provinces of Mozambique and health providers' perceptions of the challenges and benefits**

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<sup>1</sup> ECHO (Efficiencies for Clinical HIV Outcomes) project, Mozambique/ThinkWell, <sup>2</sup> ECHO (Efficiencies for Clinical HIV Outcomes) project, Mozambique/Abt Associates

*Background:* In response to the urgent need to expand differentiated models of services in the context of the COVID-19 pandemic, USAID's ECHO project started to implement decentralized dispensing (DD) of antiretrovirals (ARVs) through private pharmacies (PF) in October 2021. This study followed up the patients enrolled in this strategy and explored health provider's perspectives about this model.

*Methods:* Mix-methods study, including: (1) quantitative, observational, cross-sectional study of ART patients enrolled in DD from October 1, 2021, and followed up until 09/20/2022; and (2) qualitative study using semi-structured interviews with health providers from health facilities (HF) and PF.

*Results:* 2,518 patients were enrolled in DD; 60% were female, and 99.9% were adults (>=15 years old; mean 41,1). 87% of expected patients did their first drugs pick-up at the PF, 81% the second, 73% the third and 72% the fourth.

The main benefits of this model are demand reduction at HF and the flexibility for patients to pick-up their drugs at any time. the main challenge is the synchronization of electronic systems.

*Conclusions:* There are challenges in implementation, as this is a new strategy; the benefits seem consistent for patients, HF and PF. Other studies will be needed to understand patient's acceptability and cost-effectiveness.

## **B24. Community dispensing of antiretrovirals by health providers in four provinces of Mozambique: Impacts on retention in care for patients on antiretroviral treatment**

J. Moiane<sup>1</sup>, M. Prieto<sup>1</sup>, J. Saturnino<sup>1</sup>, P. Bacar<sup>2</sup>, S. Lopes<sup>2</sup>, G. Garfo<sup>2</sup>, A. Fahamo<sup>2</sup>, J. Alexandre<sup>1</sup>, I. Joaquim<sup>1</sup>

<sup>1</sup> ECHO (Efficiencies for Clinical HIV Outcomes) project, Mozambique/ThinkWell, <sup>2</sup> ECHO (Efficiencies for Clinical HIV Outcomes) project, Mozambique/Abt Associates

*Context:* With the expansion of the COVID-19 pandemic, USAID's ECHO project developed an alternative model of community distribution of antiretrovirals (CDA) by health providers for patients who missed their drugs pick-up due to

lacking resources. This study analyzed the health outcomes of a cohort of patients who received CDA among 4 provinces of Mozambique.

*Methods:* This is a retrospective cohort study of routine data collected from electronic medical records of patients who received CDA from 06/21/2020 to 03/20/2022 from 81 health facilities among the four provinces. All patients were followed until 09/20/22 to assess long term retention in care (>=6 months) and viral load suppression.

*Results:* 17,299 patients received CDA; 64% were female, and 96% were adults (>=15 years old). 66% of patients remained in care >=6 months after receiving CDA at least once, 63% of eligible patients had a viral load test and 89% had viral load suppression.

*Discussion:* CDA has been a valuable strategy, allowing early intervention to offer community ARVs pick-up to those who have failed to receive their scheduled treatments directly from health facilities. The strategy can be used in other communities, particularly in remote areas where patients face similar challenges.

## **B25. Optimizing the Community Retail Pharmacy Distribution Points to sustain treatment continuity & viral suppression among stable clients**

Ronald Buyinza, Collins Agaba, Caroline Tiri, Lawrence Mugumya

Joint Clinical Research Center (JCRC)/ USAID Local Partner Health Service Kigezi and Lango Activity

Kabale Regional Referral Hospital in South Western, Uganda in collaboration with Palace Pharmacy started implementing Community Retail Pharmacy Drug Distribution Point in February 2022 as an optional approach of differentiated Services delivery to meet its clientele's needs of access to quality HIV care services. Training was conducted for the pharmacy & hospital team on the approach & use of the ARTAccess electronic system. ARTAccess-EMR integration and synchronization enabled ARVs requisition, processing and documentation of prescriptions made for enrolled clients. Client demand was created through daily health education sessions supported by satisfied users, enrolled clients physically escorted to the pharmacy to foster linkages, phone call pre-appointment reminders to clients who received six months drug refills and joint support supervisions conducted to timely resolve issues & ensure quality services provision to clients.

By the end of September 294 active clients were enrolled and had received six (6) months of their ARV refills. Of these, 32 clients due for a viral load removal post CrPDDP enrolment all received it and were suppressed.

## **B26. Reaching marginalized communities with quality HIV Services through Community Drug Distribution Points: A case of the Batwa community in South Western Uganda**

Namanya Barbra, Daniel Omadi, Caroline Tiri, Lawrence Mugumya

Joint Clinical Research Center (JCRC)/ USAID Local Partner Health Services Kigezi and Lango Activity

Muko Health Centre (HC) IV in Rubanda district in South Western Uganda, a beneficiary to support for TB/HIV services support from USAID Local Services Health Partner Kigezi was supported to form a community drug distribution point in December 2020 in response to a high rate of interruption in HIV treatment of 66% among the marginalized community of the Batwa ethnic group. Interruption in treatment over 28 days among this community is majorly attributed to: poor health seeking behaviour; poverty impacting on lack of food & transport to the facility. Using data, a mapped CDDP group was formed through; sensitization of clients on the approach, use of influential Batwa leaders as mobilisers for the service, pre-CDDP logistics/HR preparation based on client service gaps and health service provided at agreed locations. Services provided included; ARV drug refills, psychosocial support, Index client testing, CD4/VL /EID sample removal, GBV/TB/Nutritional assessment and OVC support. By end of September 2022, 26 Batwa had been enrolled on the CDDP approach with no registered interruption in treatment (100% retention)



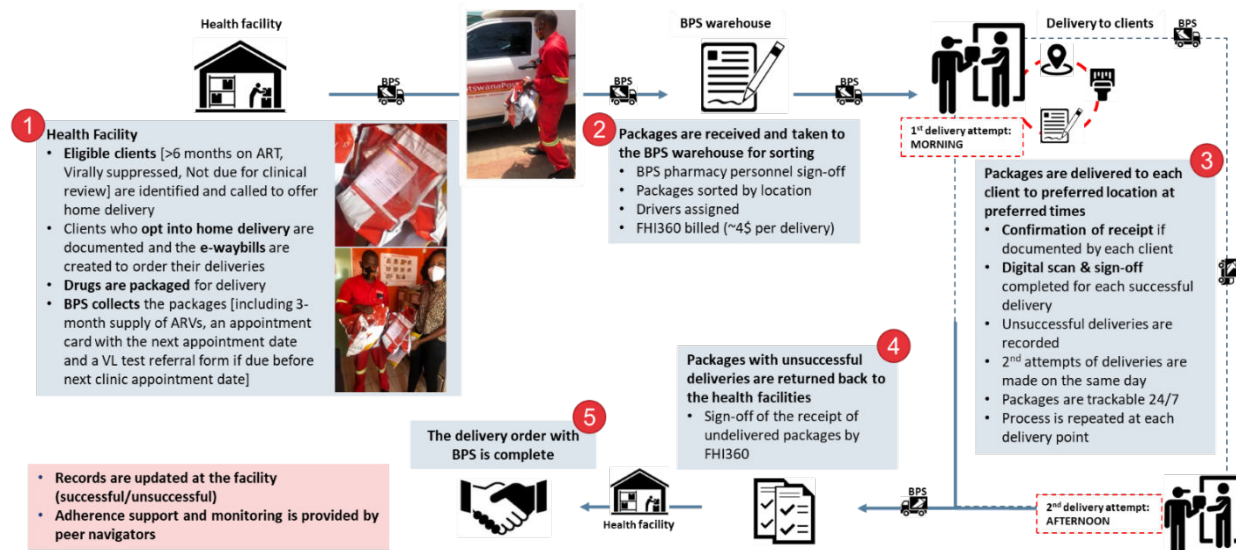
## B27. Home-based delivery of ARVs using courier services is highly acceptable to PLHIV in Gaborone and Molepolole, Botswana

Masego Gilbert, FHI 360, Botswana, Wame Dikobe, FHI360, Botswana, Refilwe Kereng, FHI 360, Botswana, Rose Gabanthate, FHI 360, Botswana, Lirica Nishimoto, FHI 360, USA, Chris Akolo, FHI 360, USA.

**Background:** The COVID-19 lockdown measures disrupted many routine health services, including medication refills for PLHIV. The Meeting Targets and Maintaining Epidemic Control (EpiC) introduced home-based delivery of ARVs to ensure that PLHIV continue to receive their medications and decongest clinics to minimize risk of exposure to COVID-19.

**Description:**

**Figure 1** below shows the process flow for the home-based delivery using courier services.



**Lessons learnt:** Between September 2020 to September 2022, EpiC has delivered 1775 ARV parcels to eligible clients. This DSD model was highly accepted by all populations of PLHIV. Some opted out due to concerns of stigma while others claimed they had mobile jobs and thus had no permanent addresses.

**Next steps:** EpiC has integrated this model into routine care.

## B28. Decentralized Drug Distribution: The Liberia Experience of a Differentiated Service Model

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1. FHI 360, Liberia, 2. FHI 360, HQ, 3. FHI 360, Nigeria

The USAID/PEPFAR-funded and FHI 360-led, Meeting Targets and Maintaining Epidemic Control (EpiC) project in Liberia implemented decentralized drug distribution (DDD) through community pharmacies from April 2021 and through civil society organization pickup points (PUPs) from September 2021. The DDD App, an FHI 360-developed electronic data system, supported real-time data exchange between health facilities and PUPs. Paper-based register was used as a backup data system.

Initial client enrollment was slow due to the health care worker (HCW) reluctance to offer enrollment citing confidentiality concerns and fear of losing clients. HCWs were continuously engaged for sensitization, and the DDD App was provided to each health facility and PUP from June 2021 through March 2022 allowing HCWs to monitor daily PUP service delivery data. Quarterly performance review meetings with PUP providers, clients, and HCWs were conducted presenting routine data for quality improvement increasing HCW confidence.

Between April 2021 to March 2022, 226 clients enrolled. During the period after the DDD App was fully available, between April to October 2022, 661 new clients enrolled for a total of 887.

Improving service data visibility for health facilities and allowing timely data exchange reassured service quality which was critical for the successful implementation of DDD.

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