

Key populations DSD models

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EpiC Project

- Attain and maintain control of the HIV epidemic among men, women and priority populations who have HIV or are at risk of acquiring HIV.
- Attain and maintain control of the HIV epidemic control among key populations.
- Improve program management, health information systems, human resources for health, and financing solutions to attain and maintain control of the HIV epidemic.
- Support the transition of direct funding and implementation to capable local partners to meet PEPFAR's goal of providing 70% of its funding to local partners.
- Currently implementing in over 30 countries across Africa, Asia, and the Caribbean.



Meeting Targets and Maintaining Epidemic Control (EpiC), a five-year global project (2019–2024) funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is dedicated to achieving and maintaining HIV epidemic control.

EpiC HIV Countries - FY 22

33 countries

Latin America/Caribbean (2)

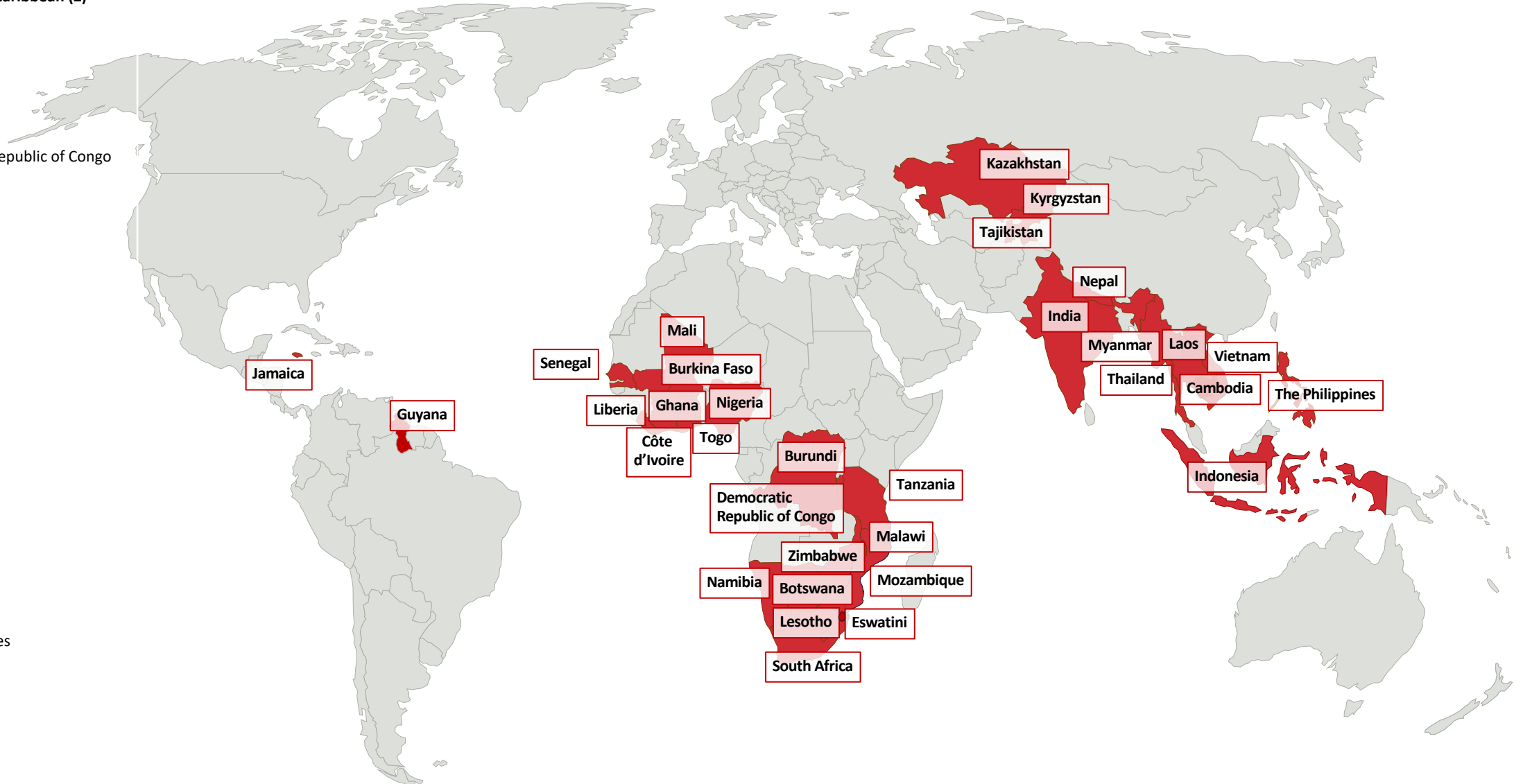
- Guyana
- Jamaica

Africa (19)

- Botswana
- Burkina Faso
- Burundi
- Cote d'Ivoire
- Democratic Republic of Congo
- Eswatini
- Ghana
- Lesotho
- Liberia
- Malawi
- Mali
- Mozambique
- Namibia
- Nigeria
- Senegal
- South Africa
- Tanzania
- Togo
- Zimbabwe

Asia (12)

- Cambodia
- India
- Indonesia
- Kazakhstan
- Kyrgyzstan
- Laos
- Myanmar
- Nepal
- The Philippines
- Tajikistan
- Thailand
- Vietnam



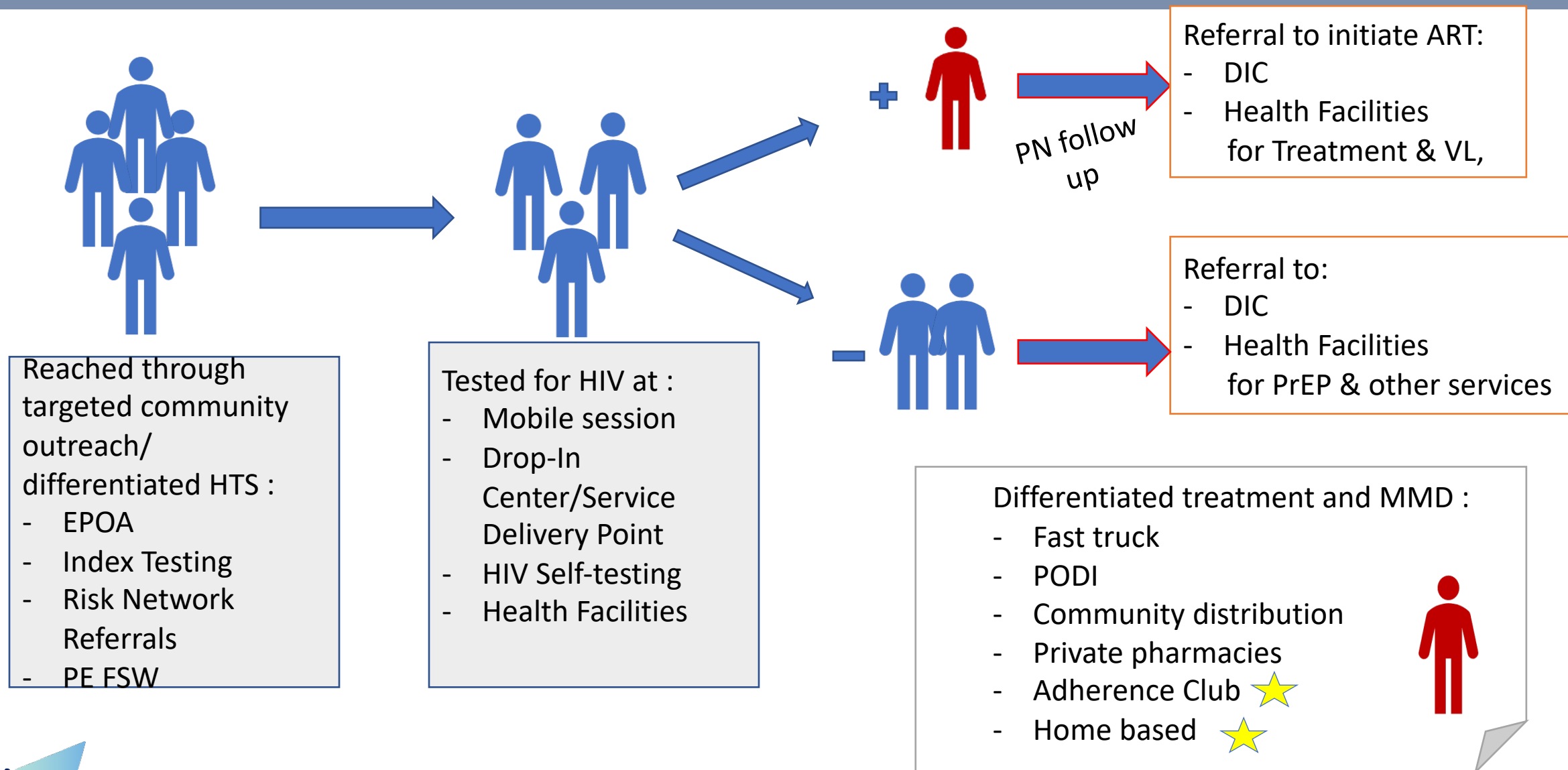
DSD - Treatment models



DSD- Treatment, Care and Support

What	Fast-track Dispensing 3MMD	Home-based ARV deliveries 3MMD	Private Sector 3MMD	ART consultations	Viral load monitoring
Who	<ul style="list-style-type: none"> Pharmacists Nurse 	<ul style="list-style-type: none"> Clients –CARGs, Provider - CMR PNs- CMR <p><i>-CARGs- Community ART refill groups</i> <i>-CMR-Community medication refill</i></p>	<ul style="list-style-type: none"> Courier services Private Pharmacies 	<ul style="list-style-type: none"> SDART Integration with NCD/ TPT/FP <p><i>-SDART- Same day ART</i> <i>-TPT –TB Preventative therapy</i></p>	<ul style="list-style-type: none"> Peer Navigators (PN) Clinicians
Where	Facility	<ul style="list-style-type: none"> Drop in centres (DIC) Homes Mobile outreaches 	<ul style="list-style-type: none"> Home Workplace Private pharmacy 	<ul style="list-style-type: none"> Facility DIC Mobile outreaches Private clinics <ul style="list-style-type: none"> Going Online DDD model <p><i>-DDD- decentralized drug distribution</i></p>	Sample collection <ul style="list-style-type: none"> Community collection – Peer Navigator (PN) Facility- phlebotomist & clinician Private lab
When	q3 months	q3 months	q3 months	Month 0- initiation Month 3 Q6 months	q6 months

DSD Treatment models for EpiC- DRC



DSD Models for Treatment for FSW & MSM- Botswana

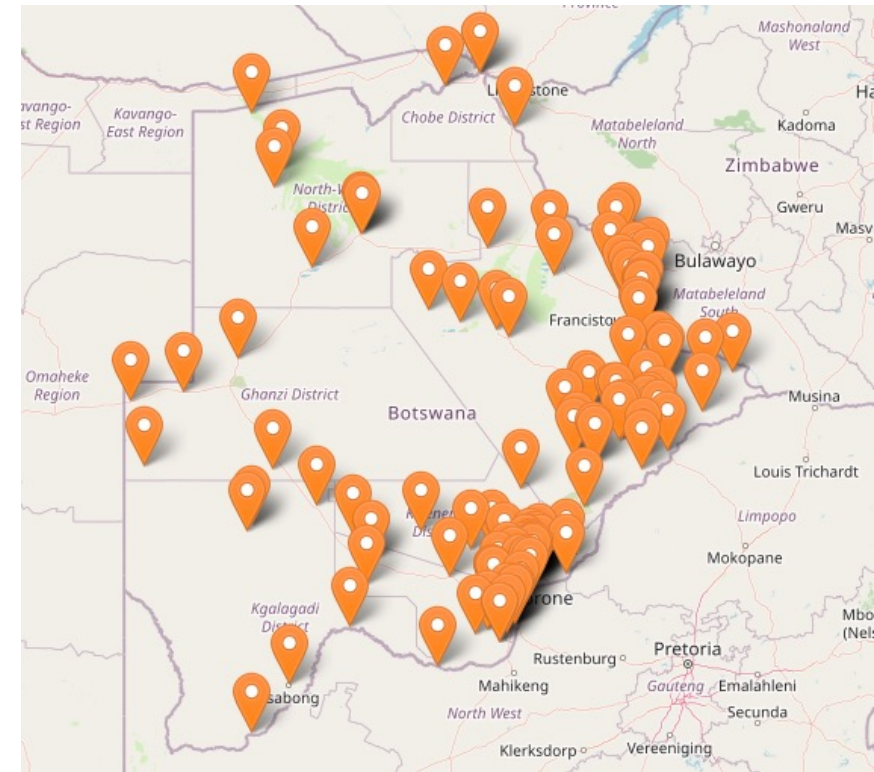
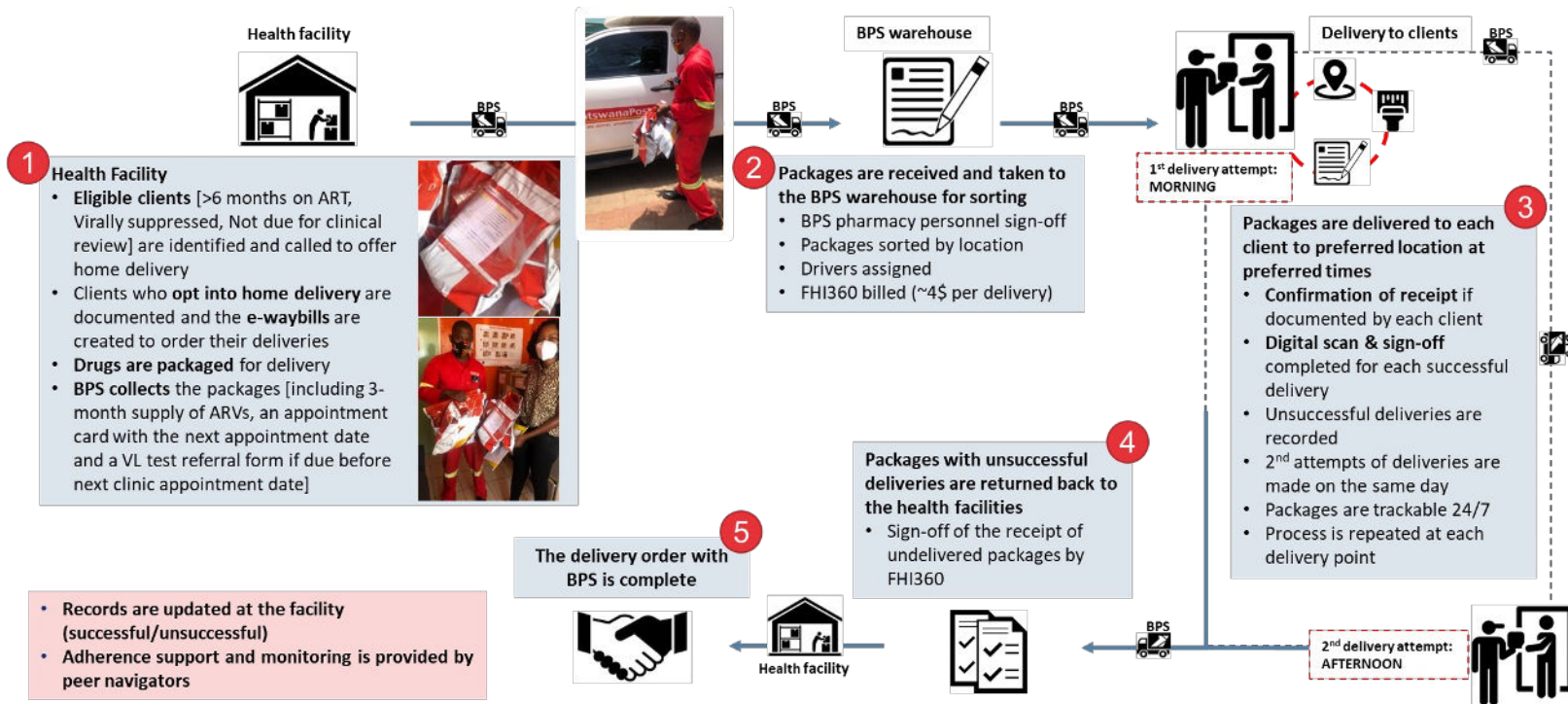
Existing differentiated care models:

Fast-track refills

3-MMD

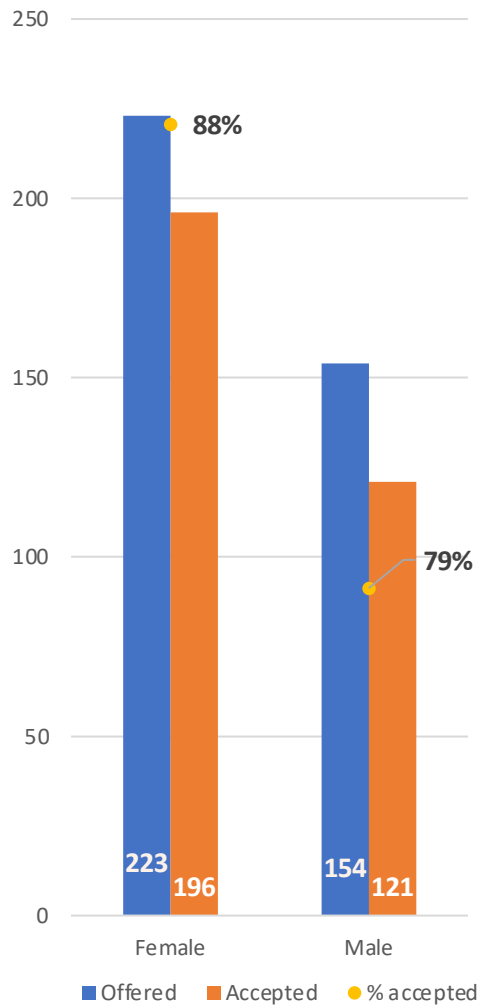
CMR

Home delivery via postal services

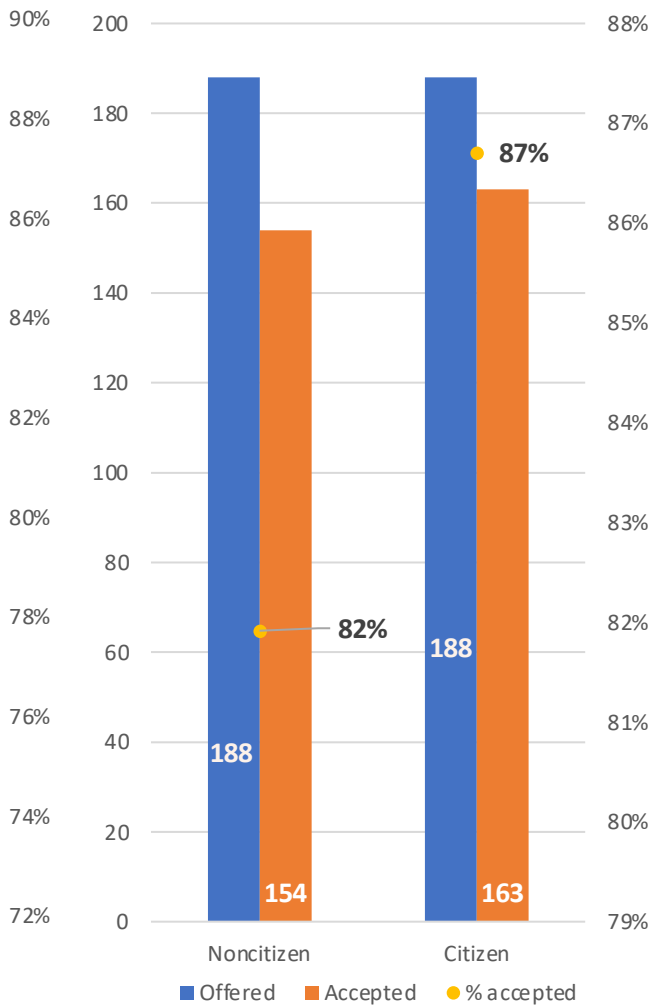


Acceptability of home deliveries by citizenship and sex- Pilot phase

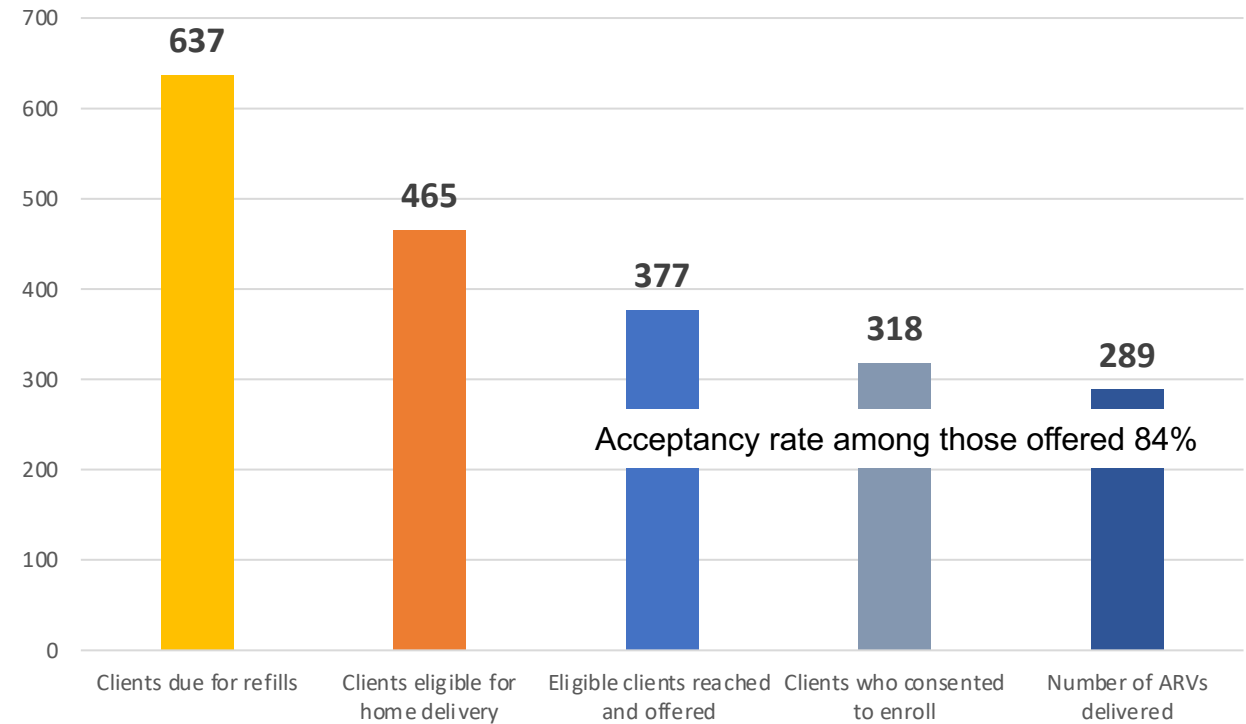
Offered and uptake by sex



Offered and uptake by citizenship



Cascade of home deliveries since Oct 2020 – Feb 2021



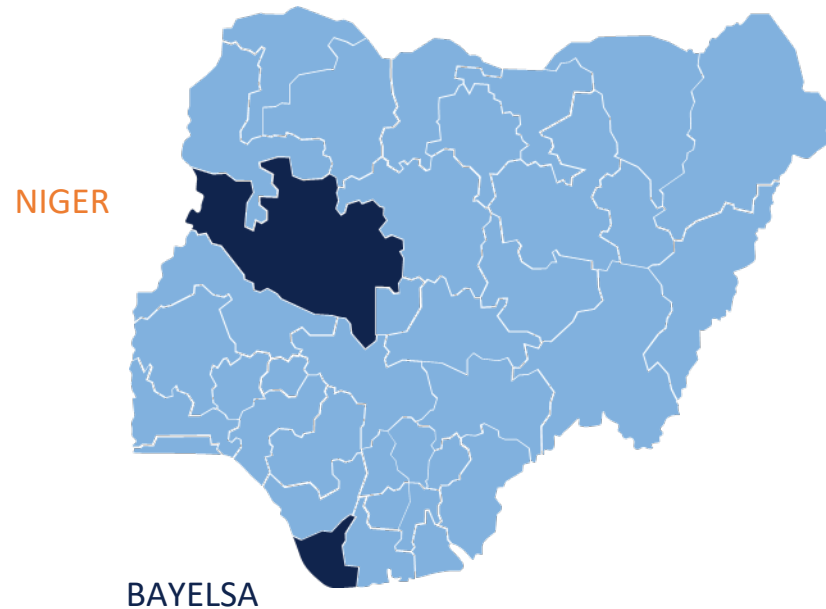
DSD Models for people who inject drugs in Bayelsa and Niger States

Epidemiological context for

HIV prevalence, general population ages 15-49: 1.3%

HIV prevalence among people who inject drugs: 3.4%

People who inject drugs in Nigeria account for up to 9% of new HIV infections



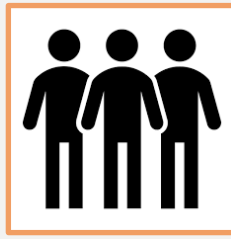
- Population size estimate of people who inject drugs in Nigeria: 200,000
 - Bayelsa*: 2,134
 - Niger*: 3,898
- Mapping exercise between Jan-March 2020 identified 209 hotspots (154 and 55 in Bayelsa and Niger, respectively)
- In Bayelsa state, people who inject drugs are clustered mainly in creeks and coastal communities where oil bunkering occurs
- Across Niger state, injection drug use is prevalent in the mining and quarrying sites

Differentiated services introduced for people who inject drugs in Niger and Bayelsa states, Nigeria



OSS/ DIC

HIV services (including HTS, PrEP, STI screening and management, condoms and lubricants, harm reduction counselling, and referrals to other support programs) were provided at **One Stop Shop/ Drop-in-Centre**



Peer Navigators

Injecting drug user community members were recruited and trained to be **peer navigators** who led outreach efforts to provide HTS and support people living with HIV to enroll and remain on treatment



Community ART

Community ART (CART) teams consisting of a clinician, laboratory scientist and peer navigator provided HIV services at the community level, including at the programmatic hotspots



Support Groups

Support groups led by peer navigators were used to provide HIV services including adherence counselling, reminder for viral load testing, distribution of commodities such as condoms, etc.

Harm reduction services were not available within the program

Differentiated services introduced for people who inject drugs in Niger and Bayelsa states, Nigeria (continued)



Community Pharmacy

Community pharmacies were used as outlets for ARV refills especially in hard-to-reach locations



Dried Blood Spot (DBS)

DBS sample collection technique enhanced viral load sample collection, storage and transport, especially for clients in hard-to-reach locations



Home Delivery

Home delivery or delivery to clients' preferred location of ARVs and PrEP was used to increase access and enhance adherence/effective use



After Hours

Services were provided to clients after hours to accommodate their availability and enhance adherence.

Used social media for treatment support and reminders

Overall reach and impact of EpiC/KPIF program for people who inject drugs in Bayelsa and Niger states (October 2019 – December 2021)



15,816 clients
tested for HIV and
received their results

1,329 newly
diagnosed with HIV

8.4% case finding rate

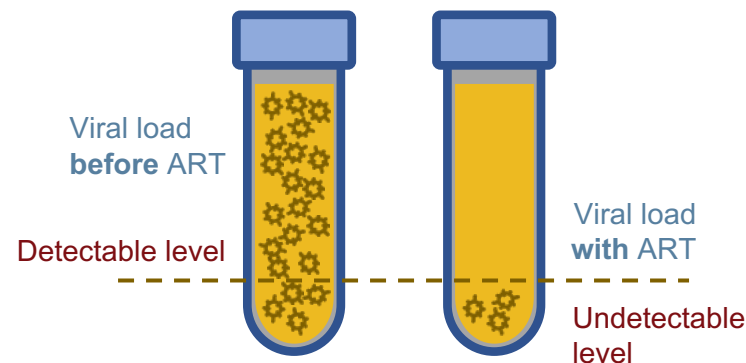


1,329 linked

to care and initiated
on antiretroviral therapy



97% viral load suppression rate



1,302

continued
antiretroviral
therapy

98%
treatment
continuity



Task- shifting- Community viral load testing by Peer Navigators (Botswana)

- **Peer navigators** – are responsible for linkage to treatment of KP members newly diagnosed with or live with HIV. They provide:
 - Adherence counselling and HIV treatment literacy to KPLHIV
 - Accompanied referrals to ART sites for SDART or fast-track
 - Clinical appointments reminders
 - Community medication refills
- **Capacity building**
 - Motivational interviewing
 - HIV testing and counselling
 - Phlebotomy



Boitekanelo College

PHLEBOTOMY FOR HEALTH WORKERS & OCCUPATIONAL HEALTH AND SAFETY

DATE: 12-16 September 2022
COURSE FEE: P3000
DURATION: 5 days
VENUE: Francistown
REQUIREMENTS: Any health-related certificate or background
DEADLINE: 9th September 2022
CONTACT INFORMATION: 78006150

college

ADVANCED CERTIFICATE IN HIV COUNSELLING AND TESTING

Registration for Winter classes

2022 Intake

ADMISSION REQUIREMENTS

Must have a minimum of 20 points in BGCSE or equivalent.

COURSE DURATION
Maximum of 8 Weeks

MODE OF STUDY
Full-time

MODULES COVERED

- ✓ Basic Facts on HIV/AIDS, TB and STI
- ✓ Rapid HIV Testing
- ✓ Ethics and Legal Issues on HIV/AIDS
- ✓ Monitoring and Evaluation
- ✓ Special population and HIV/AIDS

Lessons Learned

- **Differentiated services is about providing options and choices for key populations**
- **Stakeholder consultations at initial planning stages may help with early adoption of DSD models, particularly policy makers, ART program managers, providers and KP-led CBOs**
 - In Botswana, providers were initially reluctant to use courier services, seeing it as an added workload. Overtime they realized its utility when medication refill visits reduced
- **Task shifting to community members improves ownership, acceptability and uptake of DSD models among key populations**
- **There is willingness of the private sector to partner with governments and expand coverage of services to the people.**
 - This may be hindered by lack of public-private partnerships frameworks or policies
 - Accountability and commodities management of ARVs maybe a concern for governments
 - **The DDD App helped a great deal with real time tracking of ARVs by the hub facilities**
- **Rollout of differentiated services led to strong program performance across the clinical cascade for people who use drugs, with peer-led approaches facilitating access to drug use community members.**

Thank you!

