

# Differentiated service delivery: Where we've come from, where we are, and where we're going

Anna Grimsrud

[anna.grimsrud@iasociety.org](mailto:anna.grimsrud@iasociety.org)

IAS

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*“Alone we can do so little;  
together we can do so much.”*

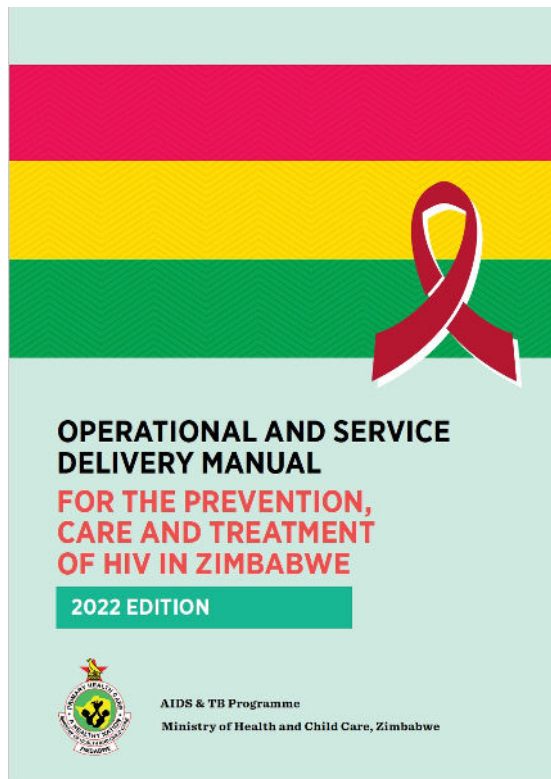
**- Helen Keller**



Looking back on progress to date

# 1. Countries have used lessons from COVID-19 lessons to revise DSD policy and implementation (1)

**Zimbabwe** – updated policy extended clinical visits to annual for adults who are established on ART

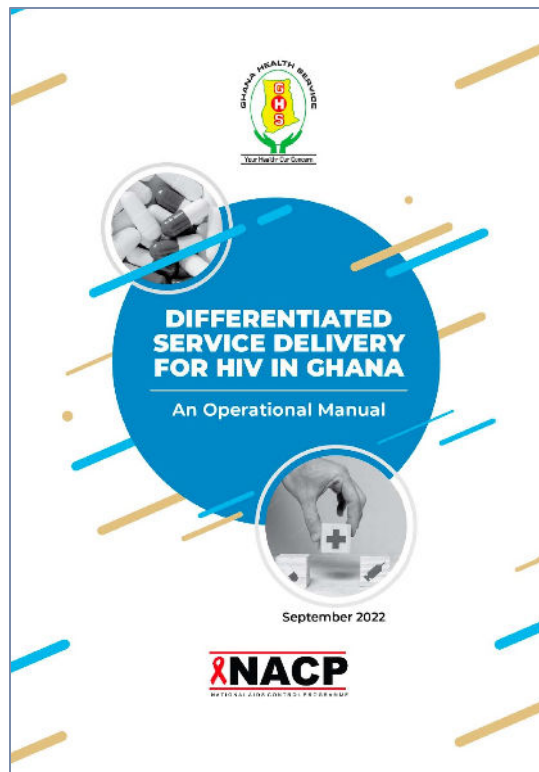


**Table 24: Frequency of clinical and refill visits by age and specific population**

	FREQUENCY CLINICAL VISITS	REFILL DURATION
0-2 years (not established on ART)	Monthly	1 month
2-9 years	4 monthly	4 months
10-19 years	4 monthly	4 months
20-24 years	6 monthly	*3 or 6 months with preference for 6
Adults	Annual	*3 or 6 months with preference for 6
Pregnant and breastfeeding (see Section 2.9.4 for further detail)	6 monthly In addition to HIV clinical visit, pregnant women must attend <ul style="list-style-type: none"> <li>• 8 ANC contact visits</li> <li>• Attend monthly postnatally for follow-up of baby exposed to HIV</li> </ul>	*3 or 6 months with preference for 6 months  Pregnant women, if established on treatment, can continue to receive 6MMD but must also attend <ul style="list-style-type: none"> <li>• 8 ANC contacts</li> <li>• Attend monthly for follow-up of baby exposed to HIV</li> </ul>
Key populations	Annual	*3 or 6 months with preference for 6

# 1. Countries have used lessons from COVID-19 lessons to revise DSD policy and implementation (2)

**Ghana** – updated policy to ensure choice for those who become pregnant and are in a DSD model



## Differentiated service delivery for HIV in pregnant and breastfeeding women



Women successfully established on ART and receiving their ART through one of the differentiated models of ART described in Section 4.4, may choose to continue to receive their ART through this model. However, they must attend the additional antenatal and postnatal visits, including the appropriate follow up of the HIV-exposed infant.

# 1. Countries have used lessons from COVID-19 lessons to revise DSD policy and implementation (3)

**Mozambique** – updated policy to include more community-based DSD models



MORE INTENSIVE MODELS (MIM)	LESS INTENSIVE MODELS (LIM)*
<ul style="list-style-type: none"> <li>• TB/HIV One Stop</li> <li>• C&amp;T One Stop</li> <li>• AYFS One Stop</li> <li>• MCH One Stop</li> <li>• Family approach</li> <li>• Extended hours</li> <li>• Mobile brigades</li> <li>• Mobile clinics</li> </ul>	<p><b>Facility-models</b></p> <ul style="list-style-type: none"> <li>• 3MMD (combined 3-monthly clinicals)</li> <li>• Fast flow 3MMD (6-monthly clinicals)</li> <li>• 6MMD</li> <li>• Adherence club (teen clubs)</li> </ul> <p><b>Community models</b></p> <ul style="list-style-type: none"> <li>• CAG</li> <li>• Mobile brigade 3MMD</li> <li>• 3MMD Community drug dispensation by CHW (APES)</li> </ul>
<p>Once off community drug refill by HCW for MIM &amp; LIM</p>	

# 1. Countries have used lessons from COVID-19 lessons to revise DSD policy and implementation (4)

**South Africa** – updated policy to ensure earlier first viral load to enable earlier referral to DSD models



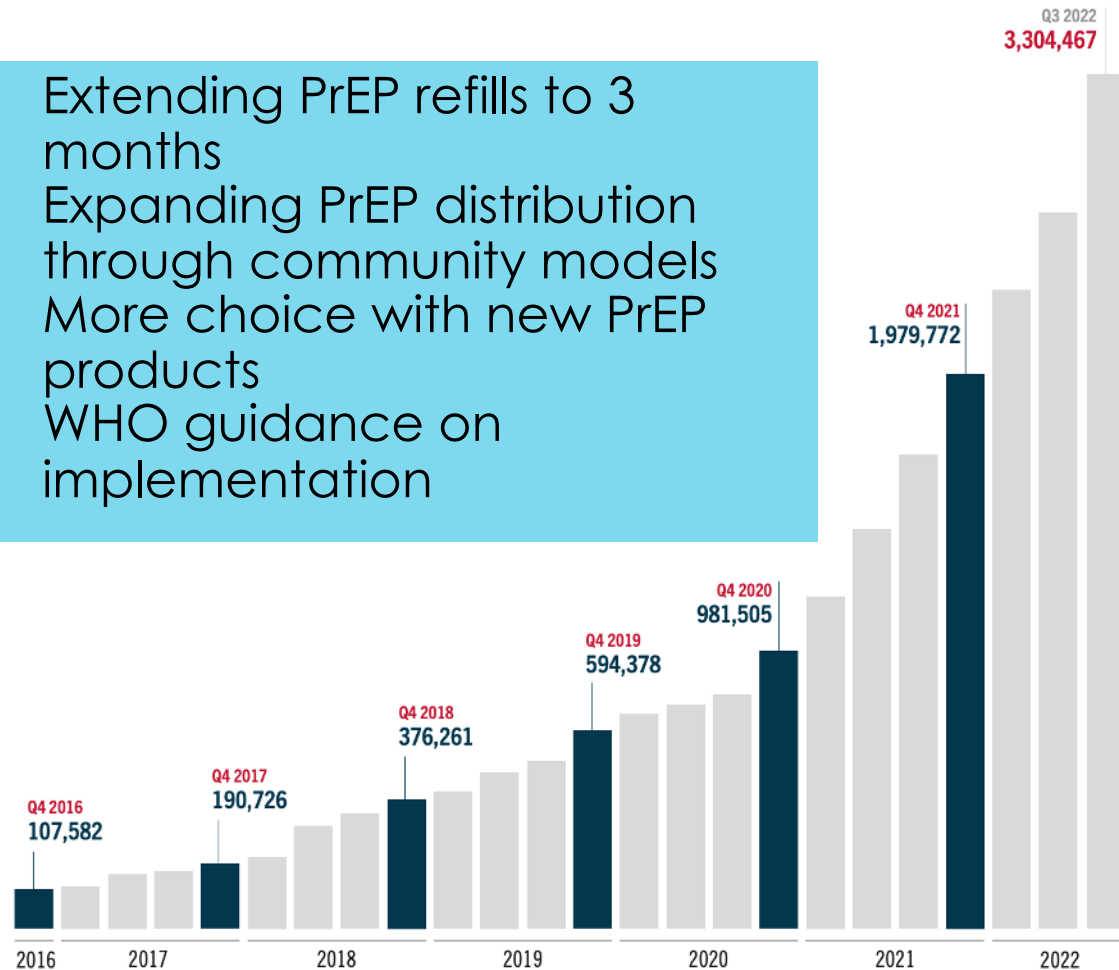
## As part of the review of national consolidated HIV guidelines

- Move the first VL after ART initiation from **6 months** on ART to **3 months** on ART to reduce the number of visits in the first year
- Amend eligibility criteria for DSD models (external pick-up points, facility pick-up points and adherence clubs) from **'On ART for at least 6 months with VL < 50 c/ml'** to **'VL < 50 c/ml'** (effectively enabled from 4 months on ART)
- Reduce facility-clinician visits in the first year for those who are stable from **9** to **5**

## 2. Countries have built on gains made during COVID-19 for differentiated PrEP delivery

### PrEP Tracker Data / Oral PrEP Progress

- Extending PrEP refills to 3 months
- Expanding PrEP distribution through community models
- More choice with new PrEP products
- WHO guidance on implementation



### Differentiated and simplified pre-exposure prophylaxis for HIV prevention

Update to WHO implementation guidance  
TECHNICAL BRIEF



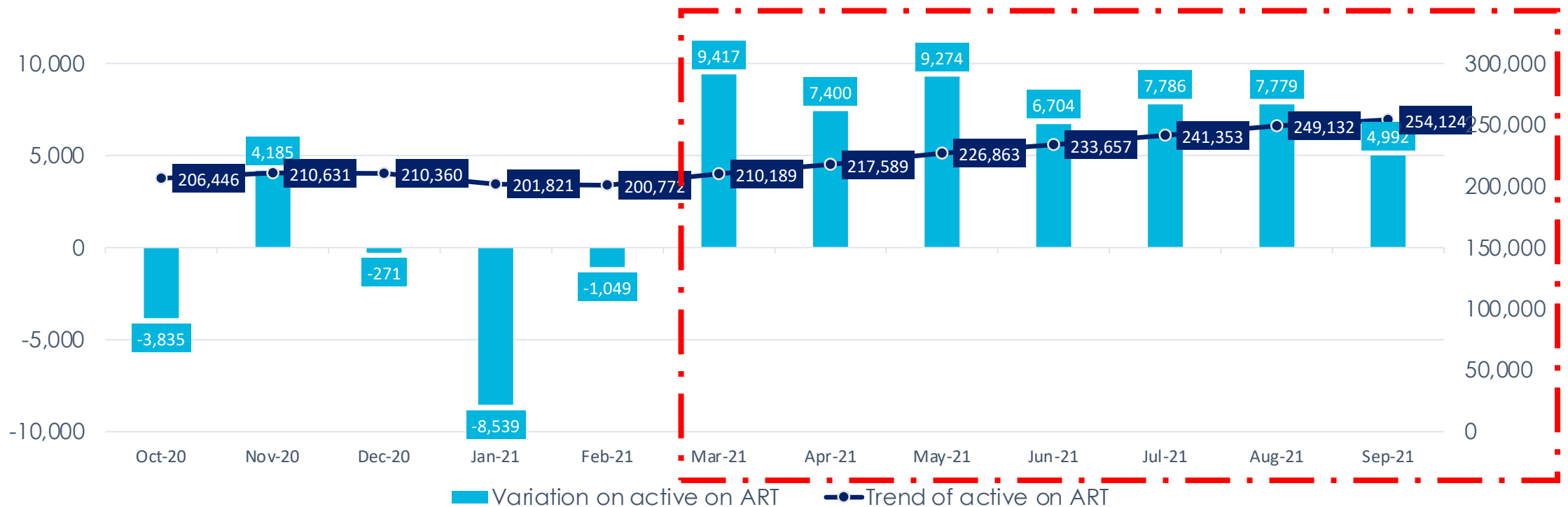
- PrEP data from [AVAC](#)
- [Click here](#) to download WHO implementation guidance for PrEP

### 3. Starting to think about how to support re-engagement (1)

**Mozambique** – using evidence from the COVID-19 intervention of supporting those with an elevated viral load through a once-off community refill by a healthcare worker, making this policy to support re-engagement

Before once off community refill by HCW

After once off community refill by HCW

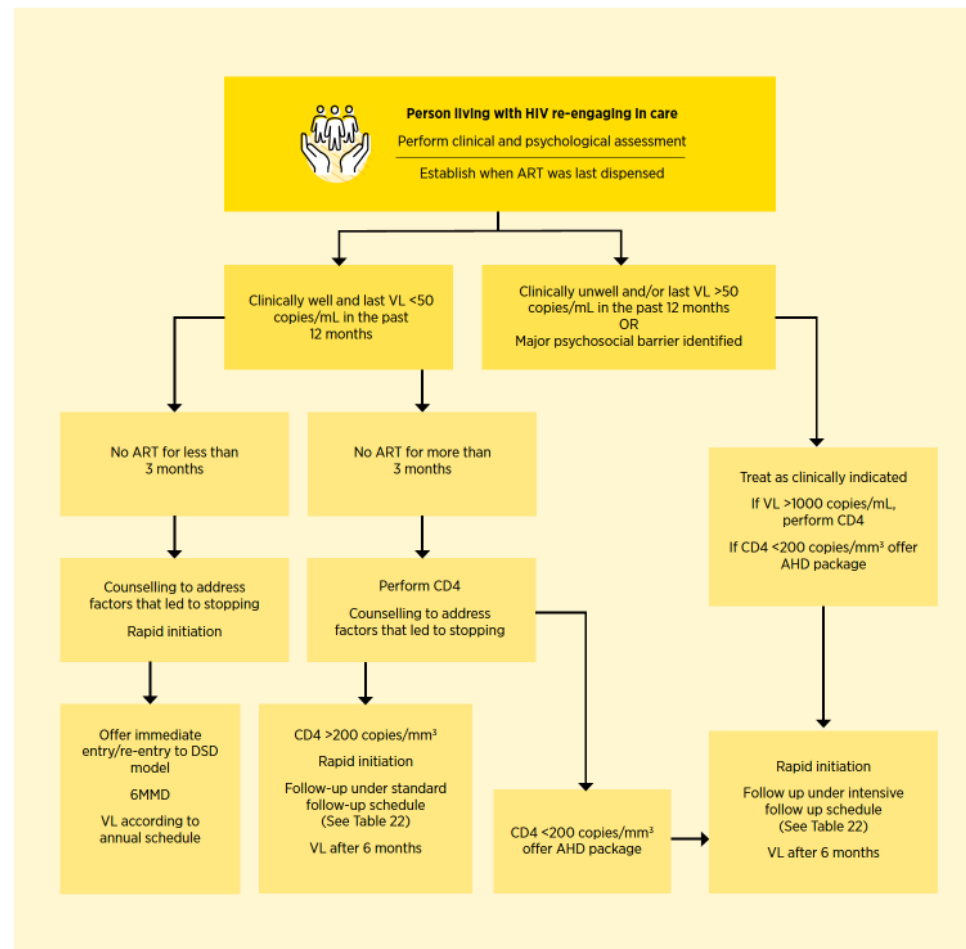
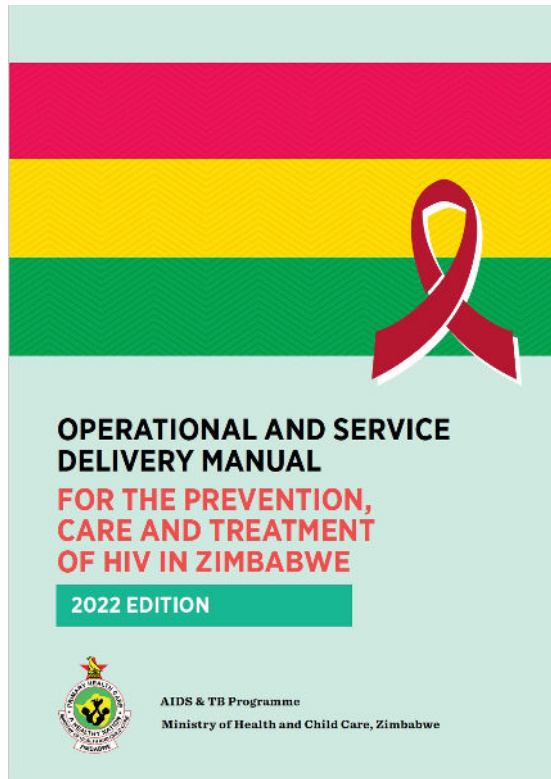




# 3. Starting to think about how to support re-engagement (2)

**Zimbabwe** – updated policy to include algorithm for re-engagement

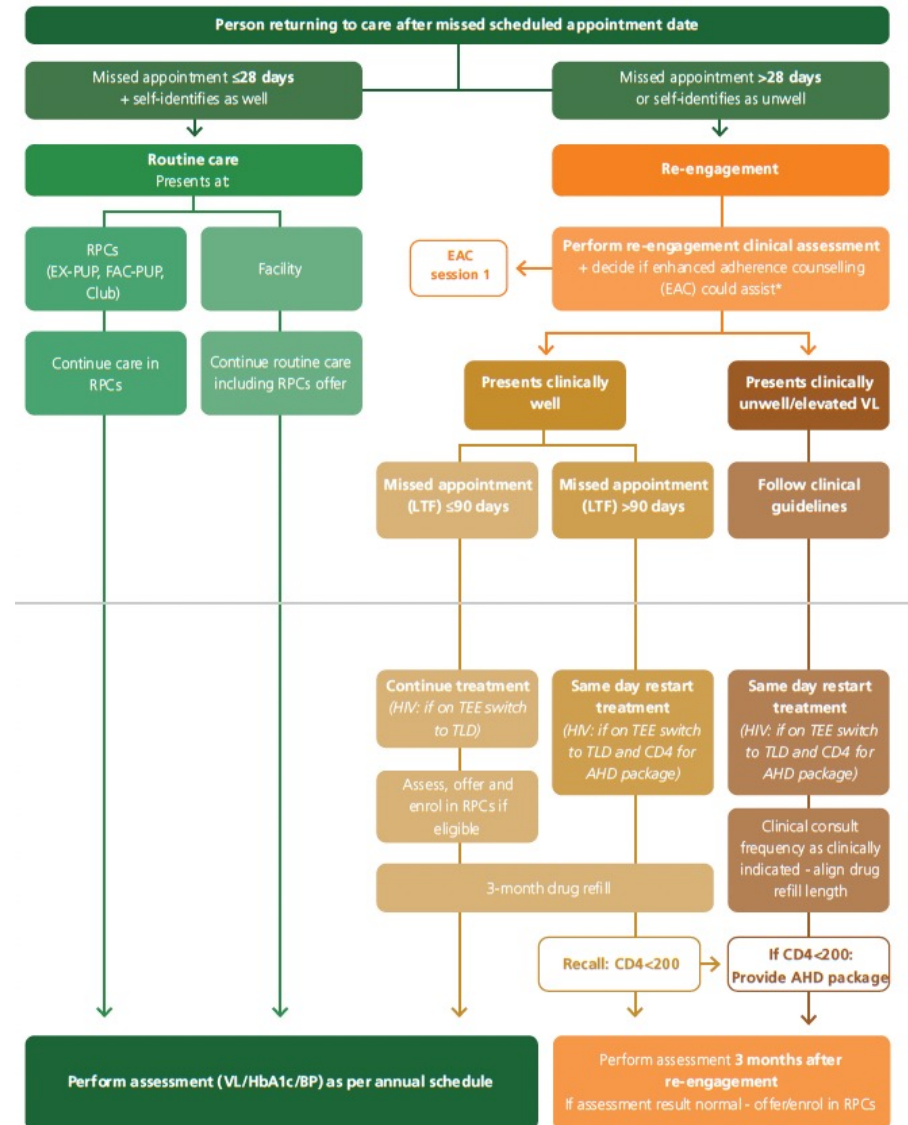
Figure 17: Algorithm for the management of a RoC re-engaging in care



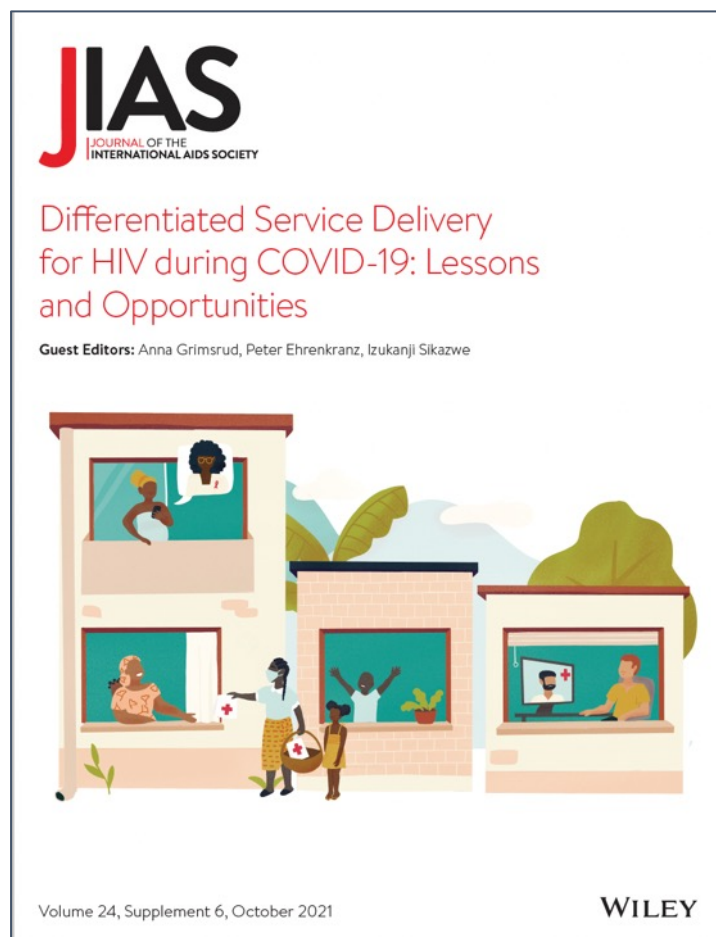
# 3. Starting to think about how to support re-engagement (3)

**South Africa-**  
Updating re-  
engagement  
algorithm as part of  
clinical guideline  
update

## ANNEXURE VI: RE-ENGAGEMENT ALGORITHM



## 4. Increased depth and breadth of research and evidence for DSD (1)



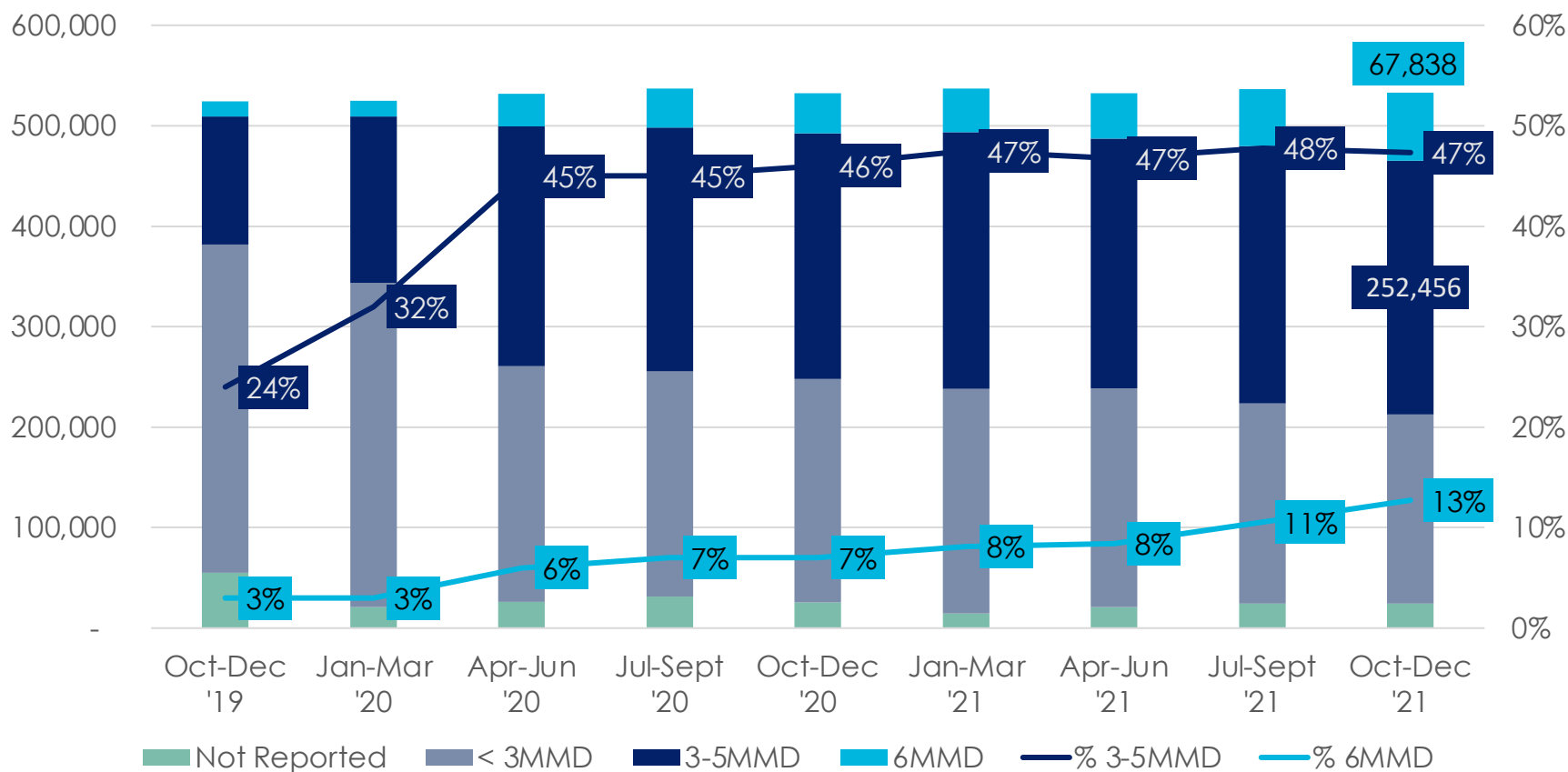
<https://bit.ly/DSD-HIV>



[AIDS 2022 – DSD summary slides](#)

# 4. Increased depth and breadth of research and evidence for DSD (2)

Number and proportion of ART clients <15 years of age on MMD in 21 PEPFAR supported countries (Oct 2019-Dec 2021)



Bailey LE et al. Journal of the International AIDS Society 2021; 24(5):e25794  
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.25794> | <https://doi.org/10.1002/jia2.25794>



**SHORT REPORT**

**The impact of COVID-19 on multi-month dispensing (MMD) policies for antiretroviral therapy (ART) and MMD uptake in 21 PEPFAR-supported countries: a multi-country analysis**

Lauren E. Bailey<sup>1,4</sup>, George K. Siberry<sup>1</sup>, Patricia Agaba<sup>2,3</sup>, Meaghan Douglas<sup>1</sup>, Jessica R. Clinckscapes<sup>1</sup> and Catherine Godfrey<sup>4</sup>

[Download the full article](#)

“The COVID-19 adaptations to MMD policy created an enabling environment for accelerating MMD uptake and extending dispensing intervals, particularly among clients < 15 years of age.”

Source: DATIM, South Africa and Ukraine not included



**An arrow can only be shot  
by pulling it backward. So when life is  
dragging you back with difficulties,  
it means that it's going to launch you  
into something great.**

- Paulo Coelho

Where we are

# CAUTION

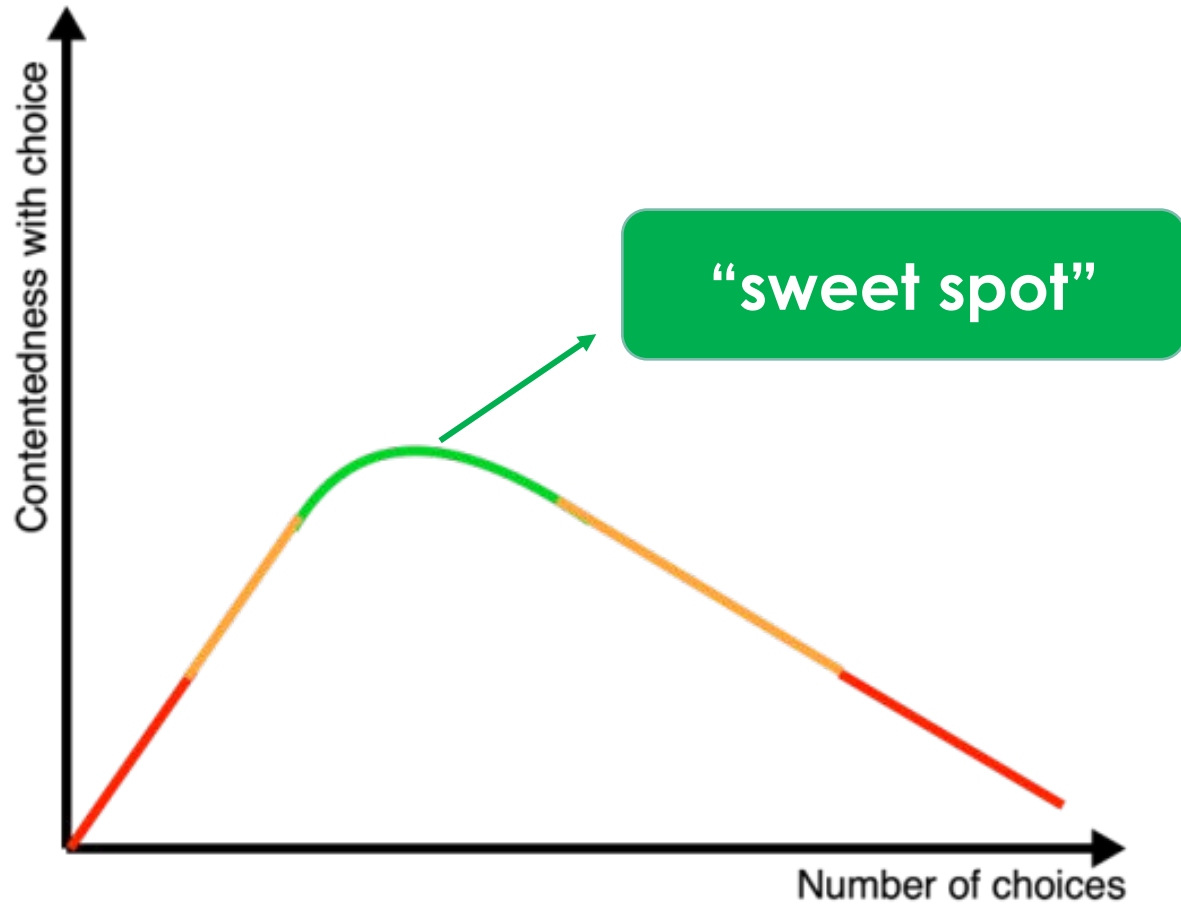
- We need to ensure the pendulum doesn't swing too far
- Great that there has been increased access to extended ART refills
- But 6MMD + 6-monthly clinical visits should not become the new one-size fits all
- Need to ensure access to psychosocial support and peer support, including from group models
- And need to continue to build on community-based delivery mechanisms



If everyone has to see a clinician at every visit at a facility, that's not differentiation – that's one size fits all



## Finding the “sweet spot” and choice



There needs to be choice –  
and not too many options

YOU DIDN'T COME  
THIS FAR TO ONLY  
COME THIS FAR.

Where we are going...



## Summary – where we're going

IMPLEMENTATION  
IMPLEMENTATION  
IMPLEMENTATION

Re-investment in  
treatment  
literacy, including  
for DSD

Re-engagement  
– and supporting  
access back to  
DSD models

DSD for PrEP

INTEGRATION  
(again)  
Self-injectable  
contraception