Minimum DMOC Package – Key Models to Support the Recipient of Care's Journey Along the Care Cascade

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BACKGROUND

A differentiated approach to care aims to strengthen linkage to care, adherence to treatment, and retention in care using a patient-centered approach throughout the treatment cascade

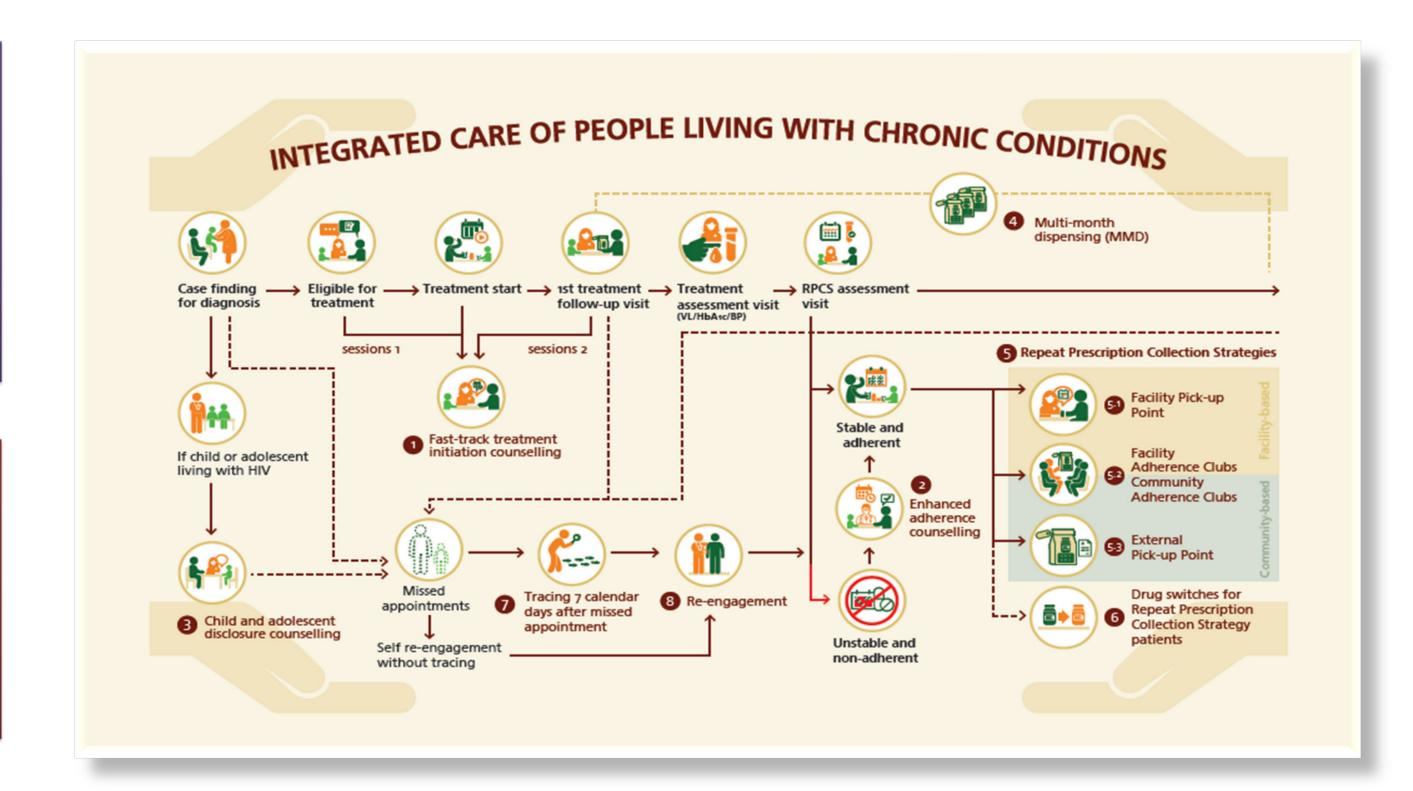
Globally known as
Differentiated Service Delivery
(DSD), South Africa
contextualized it to
Differentiated Models of Care
(DMOC).

With the largest HIV, TB, and NCD burden in healthcare facilities in South Africa, adherence to treatment remains a challenge and poses a strain on healthcare services, resulting in facility congestion.

Over 7.9 million people are living with HIV (PLHIV) in South Africa, with 5,7 million people on ART and only 4 million virally suppressed

Thus, the country at 94-76-92 of the UNAIDS 95-95-95 targets the total population.

DMOC is therefore essential in supporting the Recipient of Care (ROC) journey along the care cascade.



The DMOC Care Package To Support Linkage To Care, Adherence To Treatment and Retention In Care

DMOC Care Package – Interventions	SOPs	Summary
□Standardised education sessions and counselling approach for i) treatment initiation, ii) patients struggling with adherence (while in care or when re-engaging in care) and iii) supporting child and adolescent disclosure. □(More Intensive / Standard Care Models)	SOP 1 - Fast Track Initiation Counselling (FTIC) SOP 2 - Enhanced adherence counselling (EAC) SOP3 - Child and adolescent disclosure counselling	 □Includes adaptation for rapid initiation and post initiation □Counselling aligned with treatment supply return date for patients struggling with adherence □Change in age bands: ○Non-disclosure (<5 years) ○Partial disclosure (5-9 years) ○Full disclosure (>10 years)
□ Longer treatment supply to reduce patient burden and support continued engagement in care (More Intensive / Standard Care Models)		☐Guides multi-month dispensing (MMD) by the facility, including 6MMD once operational capacity and stock availability is confirmed (New SOP)
□ Differentiated models of care for stable patients on chronic treatment □ (Less Intensive Models)	SOP 5 - Repeat Prescription Collection strategies (RPCs) – DMOC for stable clients SOP 5.1 - Facility pick-up point SOP 5.2 - Adherence Club SOP 5.3 - External pick-up point SOP 6 – Drug Switch (Switching to newly endorsed drugs for stable patients utilizing a RPCs)	 □Health facility-based individual RPCs □Health facility or community-based group RPCs □Out-of-facility individual RPCs ✓ Treatment is pre-dispensed by the Central Chronic Medicine Dispensing and Distribution program (CCMDD) or a Central Dispensing Unit (CDU) or the facility pharmacy.
□Patient tracing and re-engagement	SOP 7 - Tracing and Recall SOP 8 - Re-engagement in care	☐ Tracing and recall missed appointments in order of priority ☐ Re-engagement in care involves assessing clinical condition and time since missed scheduled appointment and differentiating follow-up management including accelerated access to MMD and RPCs

LESSONS LEARNT

- ☐ The minimum DMOC package of interventions, ensures that ROC are supported in their treatment journey.
- ☐ DMOC is not just about the decanting models, but a comprehensive approach to support ROC with adherence.
- □ Notably, when ROC are established on chronic treatment, they are then decanted to the RPCs.
- ☐ The differentiated approach that enables decanting is essential to optimize reduced facility visits, medicine access, and decongesting of health facilities.

NEXT STEPS

- ☐ Capacitating the clinicians who are the key implementers of the minimum DMOC Package has commenced.
- ☐ Conducting the DMOC Performance Reviews (DPRs) across the provinces to establish the implementation of DMOC.

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