



HIV and Non-HIV Integration Into DSD Models in South Africa

Lufuno Malala

DMOC/DSD Programme Manager

HIV/AIDS Treatment Care and Support – National Department of Health – South Africa

Integrating non-HIV Services into HIV Programs

April 15-18, 2024 | Nairobi, Kenya



Outline



- 1. South Africa's Burden of Disease & Progress towards 95-95-95
- 2. Less Intensive DSD Models in South Africa
- 3. DART Capability Maturity Model Integration Domains
- 4. Integrated care approach for PLHIV with chronic conditions
- 5. DSD Performance Review Findings on Integration of Services at Facility Level
- 6. Integration of FP/HIV: Coordination, Implementation & M&E
- 7. Treatment literacy as integrated approach enabler for patient care
- 8. Conclusions



South Africa's Burden of Disease

The Burden of Disease – A Call for Differentiated Care

- South Africa faces a high burden of HIV, TB, and NCDs
- Cardiovascular Diseases, Cancer, Diabetes, and Respiratory ailments are the most growing portion of NCDs, presenting a growing public health concern and disease burden with 164 205 accounting for NCDs.
- SA has a population of 60 million with 7.8 million PLHIV and 5.9 million on ART.
- Adherence to treatment remains a challenge and remains a great concern contributing to the strain on healthcare services
- SA 2023 revised DMOC/DSD Guidelines to encourage recipients of care to move to less intensive DART models – this remains a significant contribution to facility decongestion
- The DMOC Package supports linkage to care, adherence to treatment, retention in care & re-engagement



South Africa's Progress Towards 95-95-95

their statu

••••• 95-95-95 Target % Progress against previous pillar



As of Jan 2024, South Africa is at 95-79-93 for the total population serviced through the Public & Private sector.

Results for each of the sub-populations vary, with:

- Adult Females at 96-83-94,
- Adult Males at 95-73-94,

VLS < 1000

copies/ml

VLS < 50

copies/ml

VLS < 1000

copies/ml

VL5 < 50

copies/ml

Suppressed

• Children (<15) at 82-63-67.

To achieve 95-95-95 targets, South Africa must increase the number of:

- Total Clients on ART by 1,174,286,
- Adult Females on ART by 518,306,
- Adult Males on ART by 577,534,
- Children (<15) on ART by 78,446.

Based on eligibility criteria of Viral Load under 50 copies/ml, clients eligible for DSD - Less Intensive Models include:

- 2,307,396 Adult Females
- 1,058,384 Adult Males
- 34,085 Children (<15)
- 3,391,025 Total Clients



CQUIN Integrating non-HIV Services into HIV Programs Meeting | April 15-18, 2024

Actuals

Source of Data – DHIS Jan 2024

Less Intensive DSD Models in South Africa

Province	2023/2024 LIM Targets	Sum of FacPUPQ3	Adherence	Sum of EX- PUP Q3	Total Q3 Decanted to LIM	Performance against Annual Target Q3		ROC Enrolled in LIM Decanting Ga	
Eastern Cape	297 134	173 999	10 072	101 905	285 976	96	2023		
Free State	185 648	29 420	9 711	118 177	157 308	85	c 20		
Gauteng	773 486	90 305	8 836	625 665	724 806	94	. Dec		
KwaZulu Natal	937 662	194 546	26 763	608 099	829 408	88	TIER.net.	545,959	ROC with Viral Load<50
Limpopo	221 077	119 631	15 443	81 134	216 208	98		3,391,025	ROC in LIM
Mpumalanga	358 929	144 944	1 405	153 780	300 129	84	of Data		Target for LIM
Northern Cape	17 138	18 670	611	2 900	22 181	129	Source	2,845,066	Decanting Gap - ROC Eligble for LIM
Northwest	211 435	66 273	22 493	77 470	166 236	79			
Western Cape	120 690	1 126	141 447	241	142 814	118			
National	3 123 199	838 914	236 781	1 769 371	2 845 066	91			

- 1. Facility Pick up Point (Facility based model at a facility pharmacy)
- 2. Adherence Clubs (Facility and Community based)
- 3. External Pick up Points (Community Pharmacies e.g., Dischem, Clicks, Link, Private Doctors)



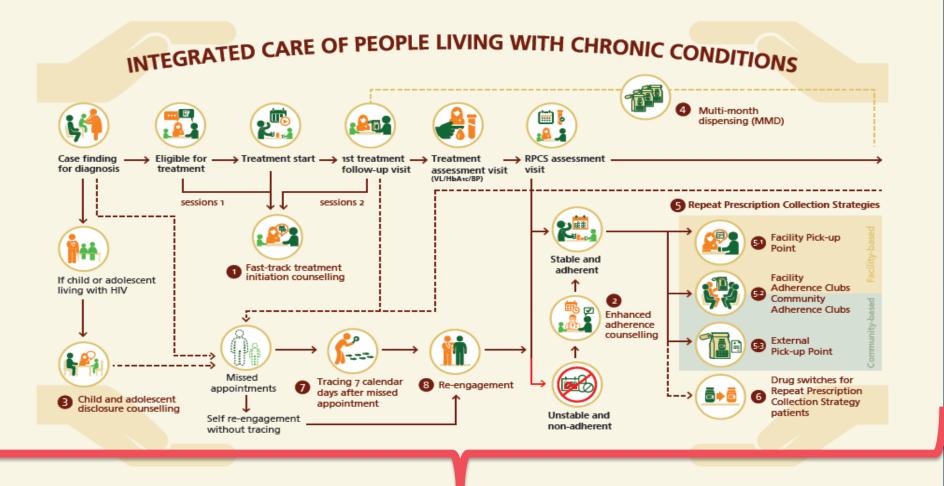
South Africa's Results from the 2023 DART Capability Maturity Model - Integration Domains

Integration Domains of the Capability Maturity Model in SA

National Policies support integration of HIV/NCDs for people established on ART But lack the proportion of people in less intensive models **NCD** Integration (Yellow) receiving HTN/HIV services General NCDs management for ROC in LIM available through Central Chronic Medicine Dispensing and Distribution (CCMDD) National Policies do support integration of FP into DSD Models but lack the National Coverage Targets **Family Planning** The country is piloting Digital Self Care through Vending **Integration (Orange)** Machines in 5 Provinces



The DSD/DMOC Care Package – Integrated Care Diagram



- Integration of NCDs, and Family Planning cuts across each of the SOPs. e.g. SOP1 FTIC – The education session includes both the NCDs, including reproductive health.
- When decanted in SOP 5 RPCs, there is provision of Oral Contraceptives to those in need of such services
- When they battle with adherence, Enhanced Adherence Counselling is done

Integration of FP & NCDs across all SOPs (MIMs & LIMs)



South Africa's DSD Performance Review Findings on Integration of Services at Facility Level

Data Element	Possible choices	Responses from 4 Provinces (36 Health Facilities)
Is the facility providing Integrated Services ?	Yes/No	All facilities providing integrated services
If Yes, select the services that are integrated in this facility (i.e. services provided in one consulting room)	 ART TB/HIV Hypertension Diabetes Family Planning Mother and Child Mental Health Screening 	All facilities providing all services 1-7 in one consulting room
If Yes to Mental Health Screening above, please specify what further management is offered?	 Diagnosis Treatment Counselling Referral to a Psychiatrist Referral to a Psychologist Referral to a Social Worker Other [Please Specify] 	All facilities providing Mental health services with referral to either a Psychiatrist, Psychologist or Social Worker depending on availability.
Explain briefly how integration of services is implemented.		 All facilities providing services in one consulting room as a one stop shop or the supermarket approach. They all referred to the Integrated Clinical Services Management (ICSM) Model – A Primary Health Care Guideline



Integration of FP/HIV: Coordination

Policy & Guidelines foster Integration

2023 ART Clinical Guidelines

2023 Differentiated Models of Care Standard Operating Procedures (DMOC SOPs)

2019 National Integrated Sexual and Reproductive Health and Rights Policy

Stakeholder Coordination – National Level

Technical Working Groups (DMOC & FP and SRH)

Development of Job AIDS and ART and DMOC Implementation tools

FP Self Care and Wellness Vending Machines pilot coordination & tools development

DPR tools development

Training and on-going Technical Assistance

Facility Level Stakeholder Coordination

Nerve Centre Approach

One stop shop Model using 3 Entries of Primary Health Care streams,

Acute Stream,Chronic StreamMCWH Stream

Pharmacy – Facility Pick Up Point, Adherence Clubs and External Pick-Up Points for Stable Clients need both FP, NCDs and ART services



HIV Learning Network The CQUIN Project for Differentiated Service Delivery

Integration of FP/HIV: Implementation / Service Delivery Models

There are two principal models of FP/HIV integration programs

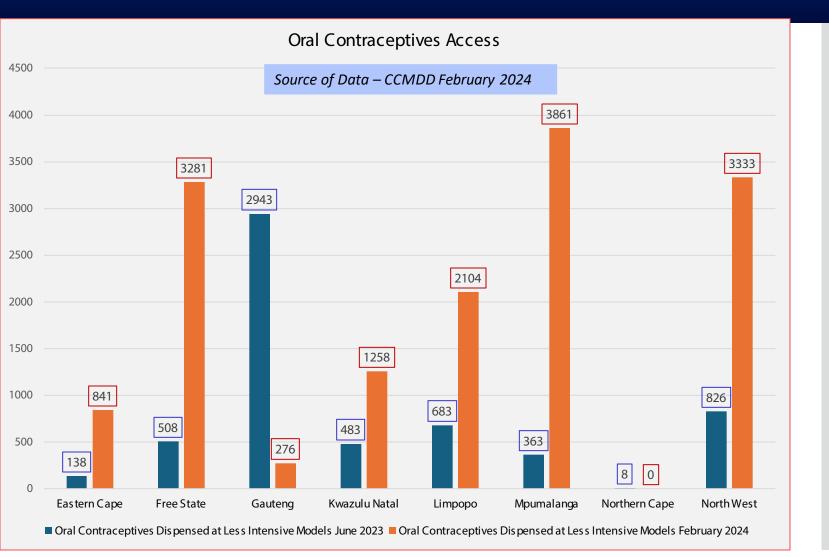
- The first model integrates HIV services into existing FP & MNCH programs
- It includes strategies such as integrating antiretroviral therapy (ART) into antenatal care (ANC), early infant diagnosis (EID) into immunization programs, and HIV counseling and testing (HTS) for children and/or caregivers into early childhood development (ECD) programs.
- The second model takes the opposite approach, integrating MNCH services into HIV care and treatment programs.
- This model includes strategies that integrate family planning (FP) services and pediatric nutrition programs into HIV care and treatment programs.

Over and above the two models, the "One-stop shop," where multiple services are offered within one facility (consolidation).

- Currently piloting the FP and Self Care Wellness Vending Machines with integrated services available (Contraceptives, Condoms, Morning after Pill, HIVSS kits)
- Plans to included ART and serving as Pick Up Points to facilitate FP/HIV integration



Integration of FP/HIV: M&E

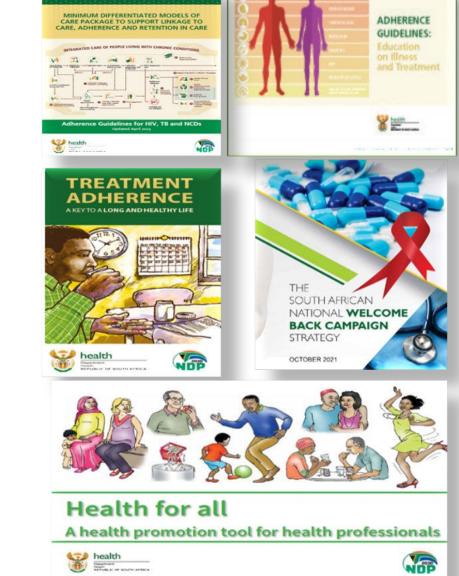


- Oral Contraceptives integrated in the Dispensing and Distribution from the Central Chronic Medicines Dispensing and Distribution (CCMDD) Program
- Limitation on M&E coverage since the CCMDD is not implemented in all Public Health Facilities (Tier.Net currently does not capture FP services)
- Country working on EMR which will foster integration of FP across all facilities
- DPRs tools include FP/HIV Integration



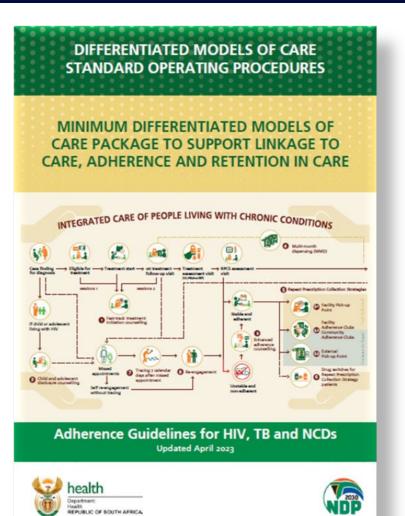
Treatment literacy an enabler to the integrated approach to patient care

- Providing sufficient education and support to patients is key to help them adhere to treatment and meet their treatment goals, and be rewarded with decanting
- The DSD/DMOC Care Package provides guidance for treatment literacy, through the first SOP, Fast Track Initiation Counselling and the Enhanced Adherence Counselling SOP
- The resources includes:
 - The Differentiated Models of Care (DMOC)/Adherence Guidelines Standard Operating Procedures
 - The Adherence Guidelines Education Flip Chart
 - The Health Promotion Tool
 - Adherence Patient Leaflet
- Welcome Back Campaign Strategy is another Guidance that:
 - Support re-engagement and retention of PLHIV who were diagnosed but never initiated on ART,
 - those who were initiated on treatment and interrupted their chronic treatment including family planning





Conclusion



- The HIV epidemic is aging and the potential for comorbidities is apparent.
- Integration of systems and services is increasingly critical.
- Integration of non-HIV services into HIV programs provides an opportunity to provide holistic person-centered care.
- Given the increasing number of services to be integrated, it is imperative to prioritize such as FP services, TPT and NCDs.
- DPRs have created a platform for continued strengthening of the integration of non-HIV services into HIV services.
- Integration is a central agenda for South Africa the National Development Plan vision 2023 fosters an integrated approach



Acknowledgements

- National Department of Health:
 - HIV/AIDS & STI Cluster
 - Care and Treatment Directorate
 - CCMDD
 - Health Information
- Provincial Department of Health and DPRs Learning Sites/Health Facilities
- Operation Phuthuma
- District Support Partners
- ICAP/CQUIN
- Global Fund
- PEPFAR
- CDC
- USAID
- CHAI



Department: Health **REPUBLIC OF SOUTH AFRICA**



















www.cquin.icap.columbia.edu

Thank You!

