

# Eligibility of children for less-intensive differentiated service delivery (DSD) models: A policy analysis in 19 CQUIN countries

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## BACKGROUND / INTRODUCTION

Retention in HIV care has historically been sub-optimal among children living with HIV. The 2021 World Health Organization (WHO) Consolidated Guidelines (1) emphasize that children established on ART are eligible for less-intensive differentiated service delivery (DSD). Child-centered DSD involves tailoring services to the needs of children which includes aligning with the caregivers' service delivery through a family-centered approach. The WHO guidelines suggest that children should be considered for less-intensive DSD models at earlier ages than currently specified in many national policies. Notably, the implementation considerations advocate for extended refill durations for children over two years old when medication dosages become less frequent.

We conducted a review of current national HIV policies across 19 CQUIN countries, assessing the age at which children become eligible for DSD enrolment and the extent to which policies provide for inclusion in one or more existing less-intensive DSD models and/or provide for family-centred less-intensive DSD models.

## METHODS

An internet search was conducted to identify the most recent HIV guidelines, both clinical and related to DSD from CQUIN countries. Data was extracted from the guidelines of 19 CQUIN countries including: (a) whether, and from what age, children are eligible for less-intensive DSD models; (b) whether children are eligible for one or more of the same less-intensive DSD models as adults; (c) the ART refill duration and clinical review frequency specified within these models; and (d) whether the guidelines include provision for family alignment and/or a family-centred, less-intensive DSD model.

1. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021.

## RESULTS

Of the 19 countries reviewed, all but Liberia had specified eligibility criteria for children to access DSD models. Five countries did not specify a minimum age for eligibility. Six countries allowed eligibility from two years of age, and five others set the minimum age at five years. In Burundi, children were eligible from 10 years, while in Nigeria, eligibility was limited to adolescents over 14 years of age.

In 12 countries, children were eligible to access one or more of the same less-intensive DSD models as adults. The most common models allow for three-monthly refills (3MMD) with six-monthly clinical reviews. Six countries allow six-monthly refills (6MMD) for children. In six other countries, 3MMD was available with three-monthly clinical reviews, starting at younger ages than those eligible for less-intensive DSD models.

Five countries implemented specific family-centered, less-intensive DSD models, as either the primary DSD option for children or in addition to other models. Further, seven countries emphasized the alignment of visit schedules for all family members, though only five of these allow caregivers and children to enroll in the same less-intensive DSD models.

## CONCLUSIONS

Countries without clear guidelines should consider defining specific eligibility criteria for children established on treatment, starting from the two years of age, to be included in less-intensive DSD models. Access to regular viral load monitoring is critical to ensure children are suppressed and meet established-on-treatment criteria. Eligible children should benefit from the same ART refill durations and clinical review frequencies as their caregivers in the same less-intensive DSD models, with the option to enroll in family-centered model where available.

Figure 1: Eligibility of children for DSD and inclusion in less-intensive DSD models

	Excluded	Included and from what age	Included in less-intensive DSD models	Included in specific family-centred, less-intensive DSD model
Burundi		>10 years		1
Cameroon		>5 years	2	
Eswatini		No age specified	3	
Ethiopia		>5 years	4	
Ghana		>5 years <sup>5</sup>		Family alignment
Kenya		>2 years	6	Family alignment
Lesotho		No age specified	7	
Liberia	●			
Malawi		No age specified <sup>8</sup>		
Mozambique		>2 years	9	
Namibia <sup>10</sup>		>2 years		Family alignment
Nigeria		>14 years <sup>11</sup>		
Rwanda		>2 years	12	
Sierra Leone		No age specified	(Limited) <sup>13</sup>	Family alignment
South Africa		>5 years <sup>14</sup>		Family alignment
Tanzania		>5 years <sup>15</sup>		Family alignment
Uganda		No age specified	16	Family alignment
Zambia		>2 years		17
Zimbabwe		>2 years		18

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Key  
● National policy

### Notes

Family alignment refers to aligning of visit dates for all family members, rather than a specific, family-centred, less-intensive DSD model where there is separation of clinical and ART-refill-only visits.

1. **Burundi:** The policy provides for the establishment of children's groups and therapeutic weekends for children and their families

2. **Cameroon:** Children aged two to five years require three-monthly clinical reviews and 3MMD. From the age of five, clinical consultations can be every three or six months with 3MMD, which can occur outside of the facility.

3. **Eswatini:** Children aged two to four years require three-monthly clinical reviews and 3MMD. Those aged five to 18 years require six-monthly clinical reviews with 3MMD. There are no age exclusions from less-intensive DSD models, but specific provision is made for a teen club model that includes community ART refill collection and virtual psychosocial support possibilities. There should be separate teen clubs for those aged five to nine years (for those who are siblings of older adolescents in teen clubs), 10-14 years, 15-19 years and 20-24 years. The policy also provides for a guardian/caregiver model to support adherence and disclosure among children on a quarterly basis and specific transition clubs for adolescents ageing into adulthood.

4. **Ethiopia:** Children from five years of age are eligible for all less-intensive DSD models, including those providing 6MMD.

5. **Ghana:** Children of five to 10 years old follow a family approach with three- to six-monthly clinical reviews and 3MMD through differentiated refill options.

6. **Kenya:** Children over two years of age are eligible for six-monthly clinical reviews and 3MMD through fast-track or community-based distribution models, following family-centred approaches that are aligned with parents/caregivers.

7. **Lesotho:** The policy says children are eligible for fast-track refills, club refills and outreach refills but not community ART groups, with three- to six-monthly clinical reviews with aligned ART refills.

8. **Malawi:** The policy specifies that all clients, including children, who are adherent and stable on ART can be given 3MMD or more if necessary. In addition, attention must be paid to weight bands to avoid MMD when a dose adjustment is likely at the next visit.

9. **Mozambique:** Children of two to five years require three-monthly clinical reviews and aligned 3MMD. Children older than five require six-monthly clinical reviews and aligned 6MMD. Children are eligible for all less-intensive DSD models, except community ART groups.

10. **Namibia:** Children are excluded from the fast-track facility model and community ART groups until they are 18. Children older than two years of age, who meet stability requirements and whose parents or guardians are in a less-intensive DSD model, should be in same model.

11. **Nigeria:** Children younger than 14 years of age require facility-based three-monthly clinical reviews aligned with 3MMD. Provided the child meets the stability criteria, ART refills can be collected in the community between clinical reviews. The policy provides for weekend clinics, school holiday clinics, child/teen clubs and family models, and recommends that the child's DSD model should align with the model of the caregiver.

12. **Rwanda:** Children older than two years of age who are clinically stable are eligible for facility-based individual and group models and if unattended (orphans or neglected). They are also eligible for community models with the same eligibility criteria as adults. This includes six-monthly clinical reviews and 6MMD in the facility-based individual model. Those children who have parents/caregivers in group models will also be eligible for 6MMD (otherwise 3MMD).

13. **Sierra Leone:** The policy says children who meet the "stable" criteria, except age, can be considered for less-intensive DSD models following a family-centred approach, with clinical reviews aligned with 3MMD.

14. **South Africa:** Children over five years of age are eligible for all less-intensive DSD models with six-monthly clinical reviews and 3MMD. The policy says clinically stable family members should be encouraged to join the same less-intensive DSD model with the same treatment supply collection location and appointment date to support family adherence. In addition, from six months of age, children are eligible for facility-based three-monthly clinical review and 3MMD; the policy recommends the child be managed together with parent/caregiver.

15. **Tanzania:** The policy says ART delivery should be provided outside of school hours with the caregiver getting their ART on the same day; additional support should be provided for children in boarding schools.

16. **Uganda:** The policy recommends expansion of DSD approaches for children and adolescents to be with their caregivers. They are eligible for community-based approaches. The policy specifies 6MMD in the same models as the parent/caregiver.

17. **Zambia:** Children are eligible for the family-centred care model, scholar's model and paediatric-specific ART days, with clinical reviews and MMD options one- to six-monthly.

18. **Zimbabwe:** The policy includes caregiver and child clubs. Children are not eligible for community ART refill groups and fast-track models. Children aged two to 19 years require four-monthly clinical reviews and 4MMD.