DSD Policy and Practice Adaptations in Response to COVID19

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ICAP Columbia University Mailman School of Public Health

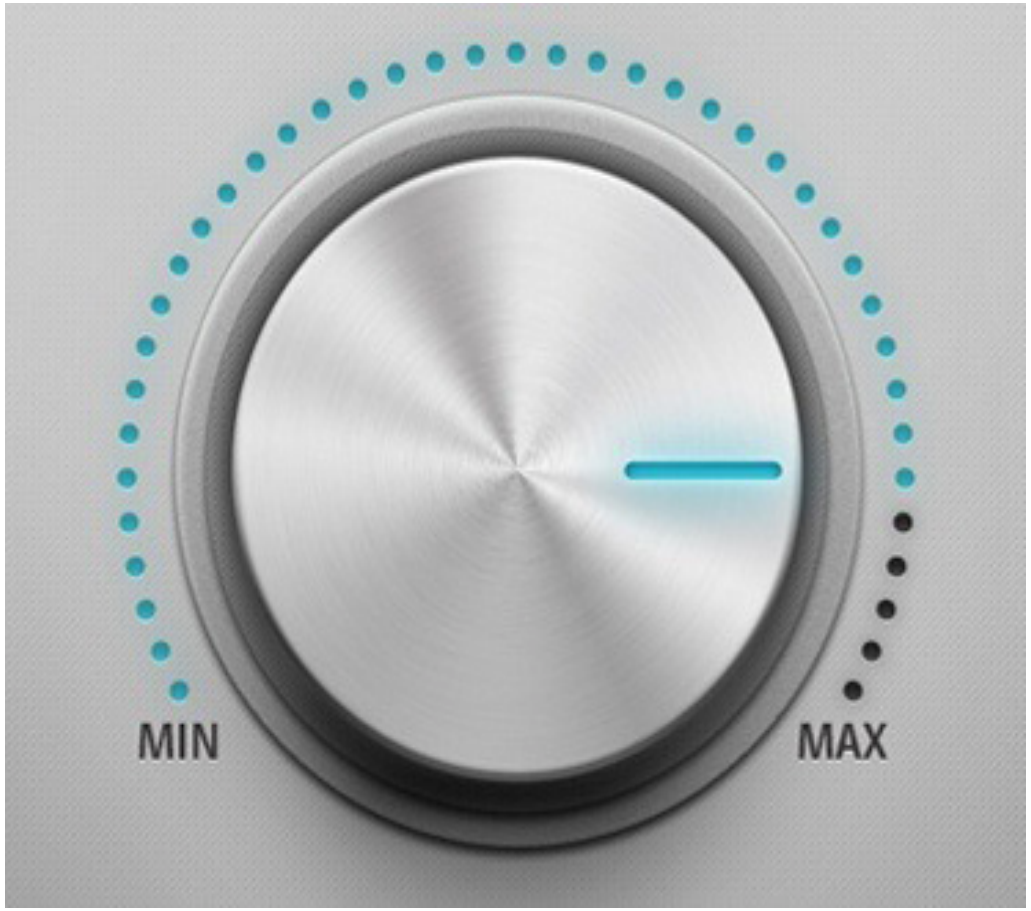
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

OUTLINE

- Overview of Differentiated Service Delivery
- DSD Implementation Progress leading up to COVID19
- COVID19 Mandated Changes to DSD Policy and Practice
- Key Questions/Challenges
- Conclusion

Differentiated Service Delivery is a client-centered approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of groups of people living with HIV while reducing unnecessary burdens on the health system

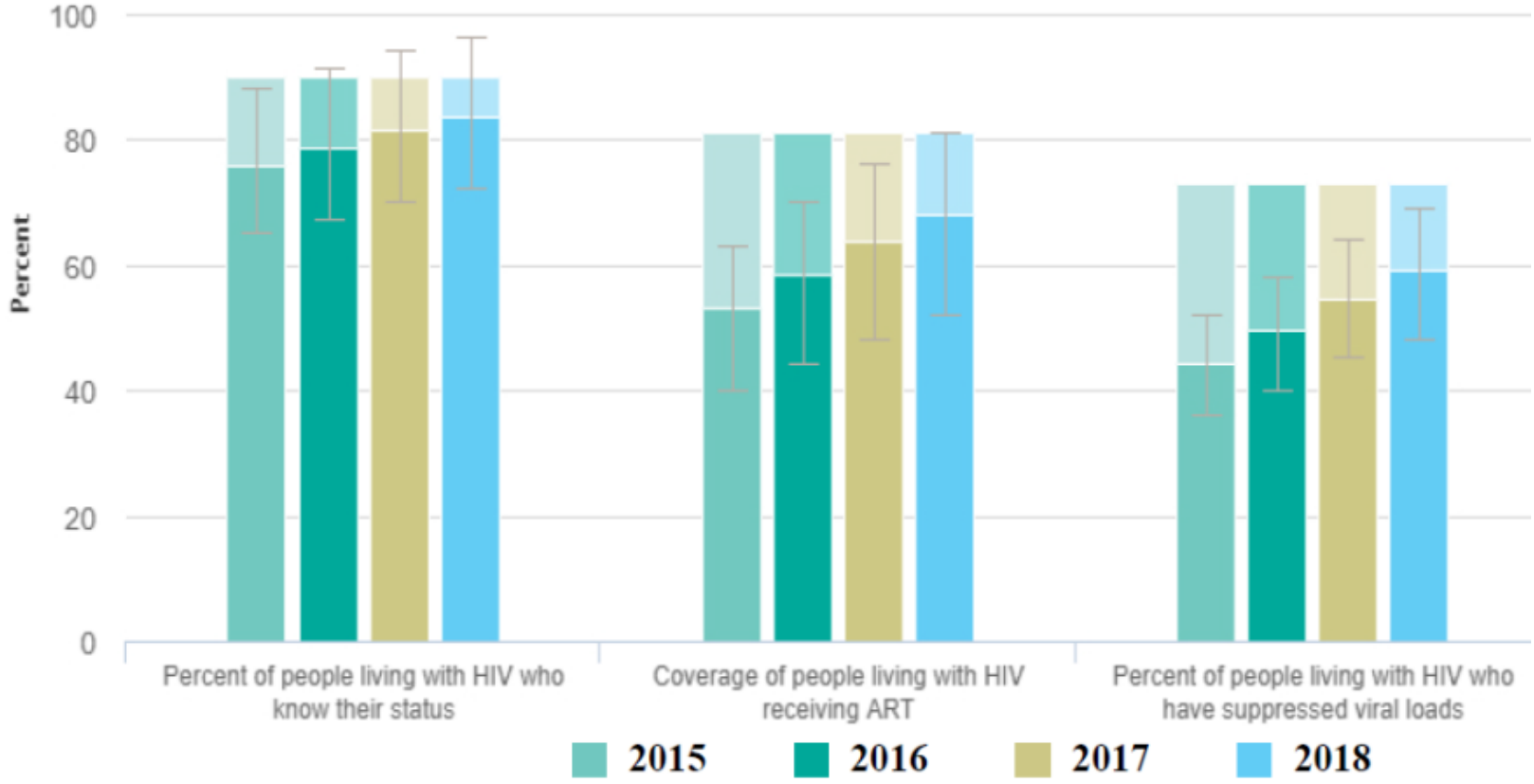
DSD Is About The “How” Not The “What”



- Service Intensity
- Service Frequency
- Service Location
- Service Provider

Why Differentiated Service Delivery?

Much Progress Made, But More Needs to be Achieved



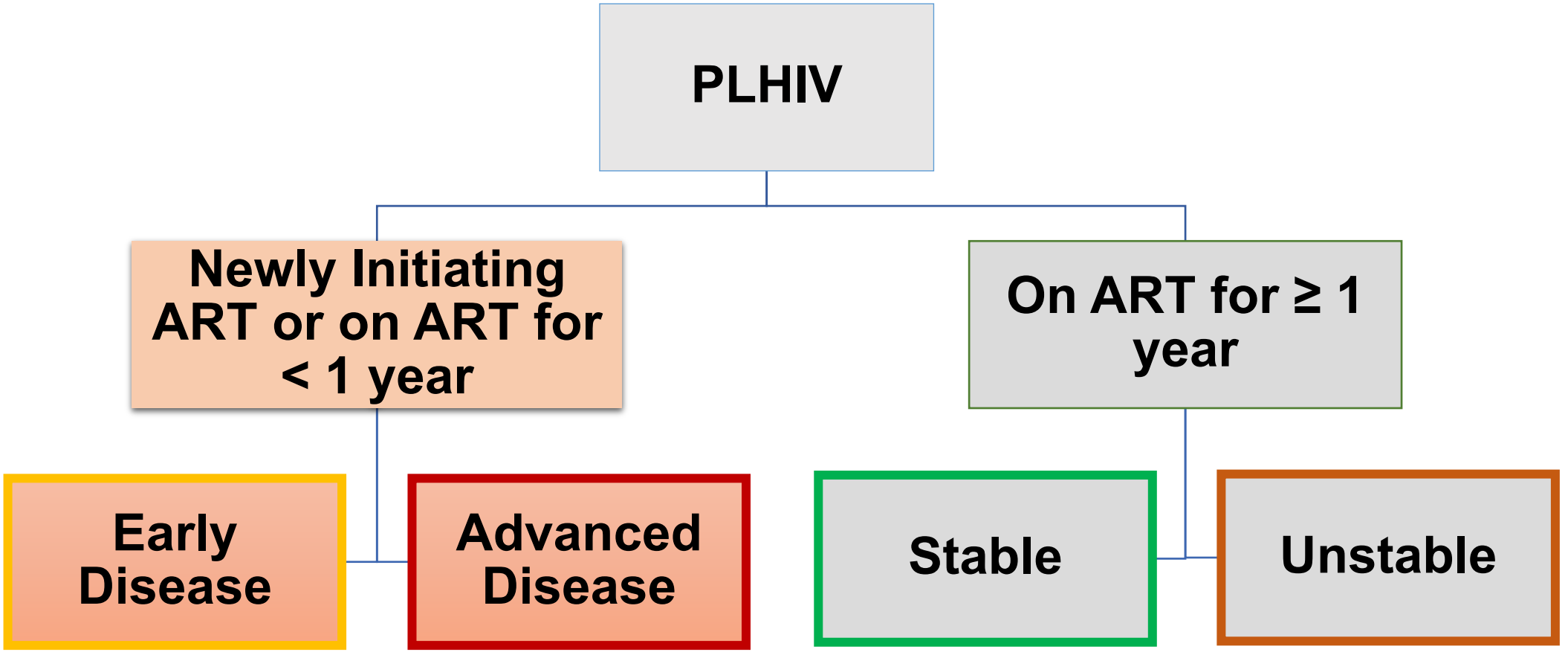
AIDSinfo.unaids.org

Why Differentiated Service Delivery? (2)

Different sub-populations have different needs

Why Differentiated Service Delivery? (3)

Different Clinical Categories of People on ART



Who Is a Clinically "Stable" Recipient of Care?

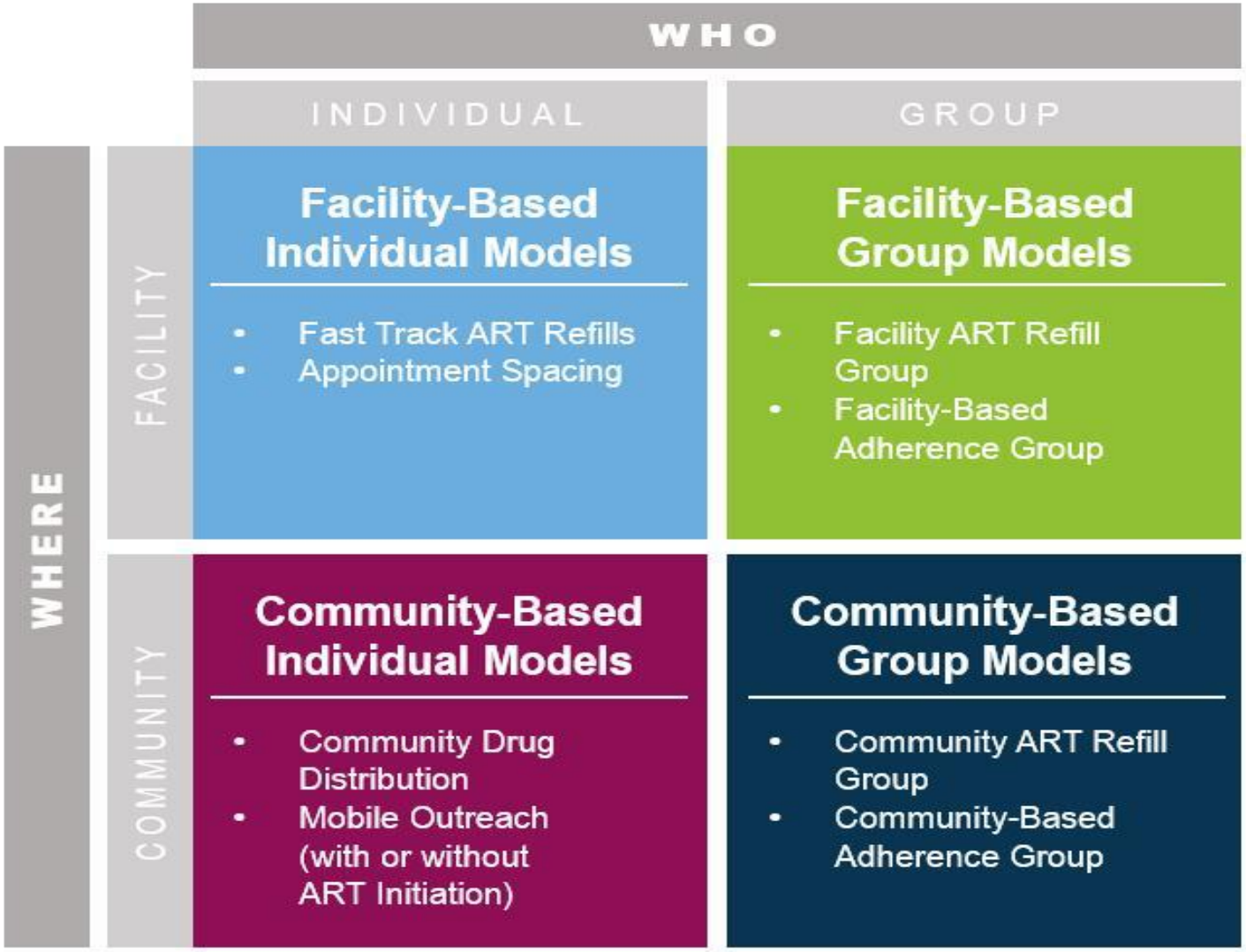
Clinically stable recipients of care are people on ART who are adherent to treatment and do not require frequent clinical consultations:

- ✓*Received ART for at least one year*
- ✓No adverse drug reactions that require regular monitoring
- ✓No current illnesses, including malnutrition in children, mental health conditions or postpartum depression
- ✓A good understanding of lifelong adherence
- ✓ Evidence of treatment success: two consecutive viral load measurements of <1,000 copies/ml, rising CD4 cell count or CD4 count > 200 cells/mm3

❖***These criteria are however changing in the context of COVID***

World Health Organization

Growing Evidence Base For Less Intensive DSD Models for "Stable" Recipients of Care



Benefits of DSD

If implemented properly and at scale, DSD has the potential to:

- **Improve quality**
  - Increase patient-centered care
  - Improve adherence, retention, viral suppression
  - Reduce overcrowding at health facilities
  - Enhance patient and provider satisfaction
- **Improve efficiency in the health sector**
  - Expand the numbers on treatment in the context of plateauing resources
  - Focus resources on the most needy recipients of care

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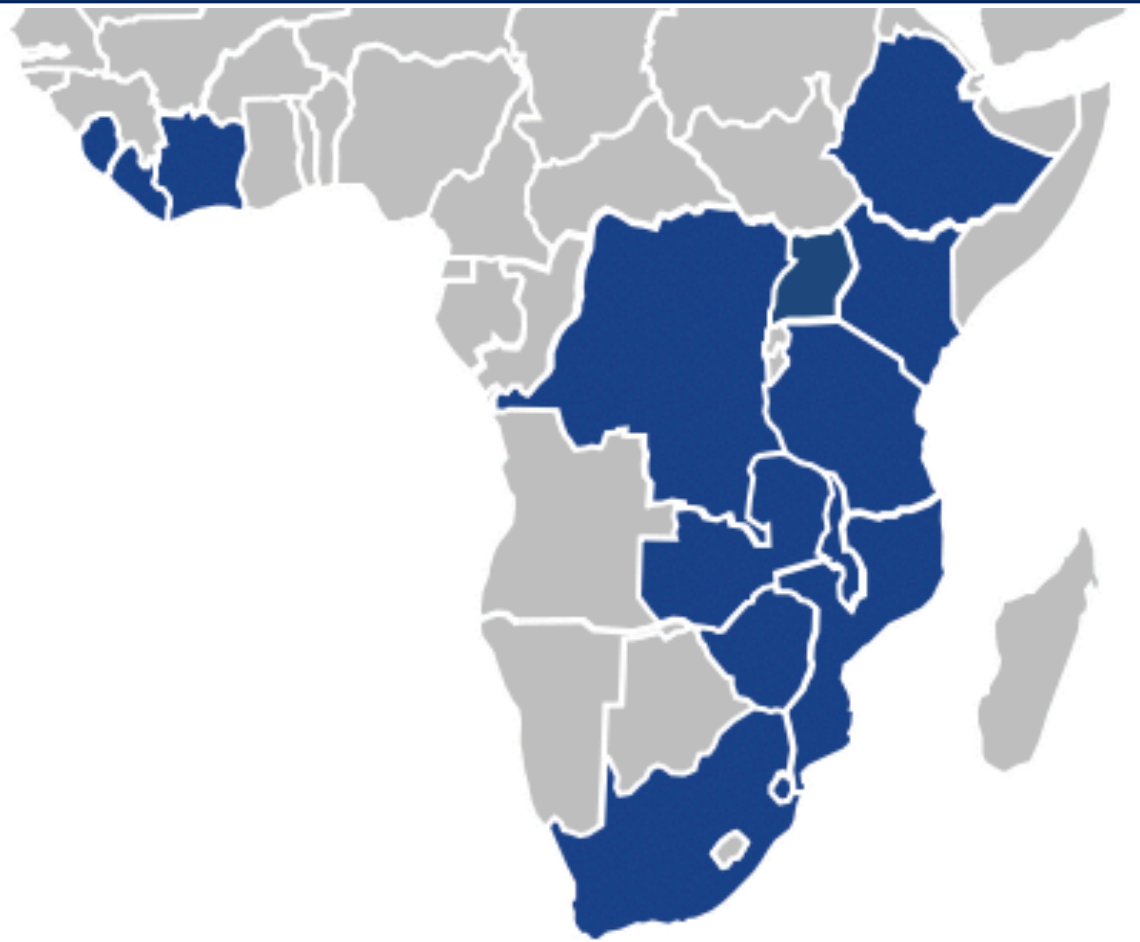
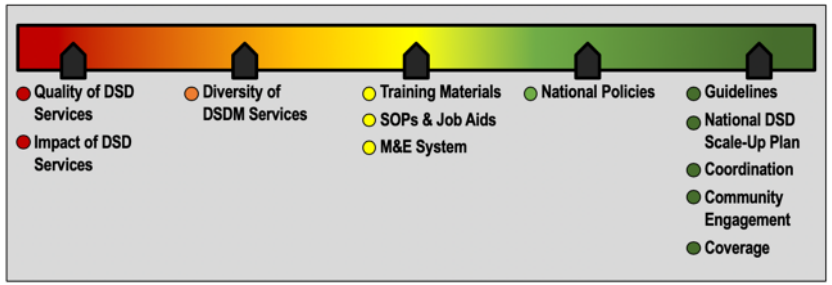
CQUIN Learning Network



- Led by ICAP at Columbia University and funded by the Bill & Melinda Gates Foundation
- Platform for sharing DSD innovations and best practices, including community-based models
- Working with ministries of health, national networks of PLHIV and PEPFAR implementing partners
- Strong collaboration with national networks of PLHIV for community engagement

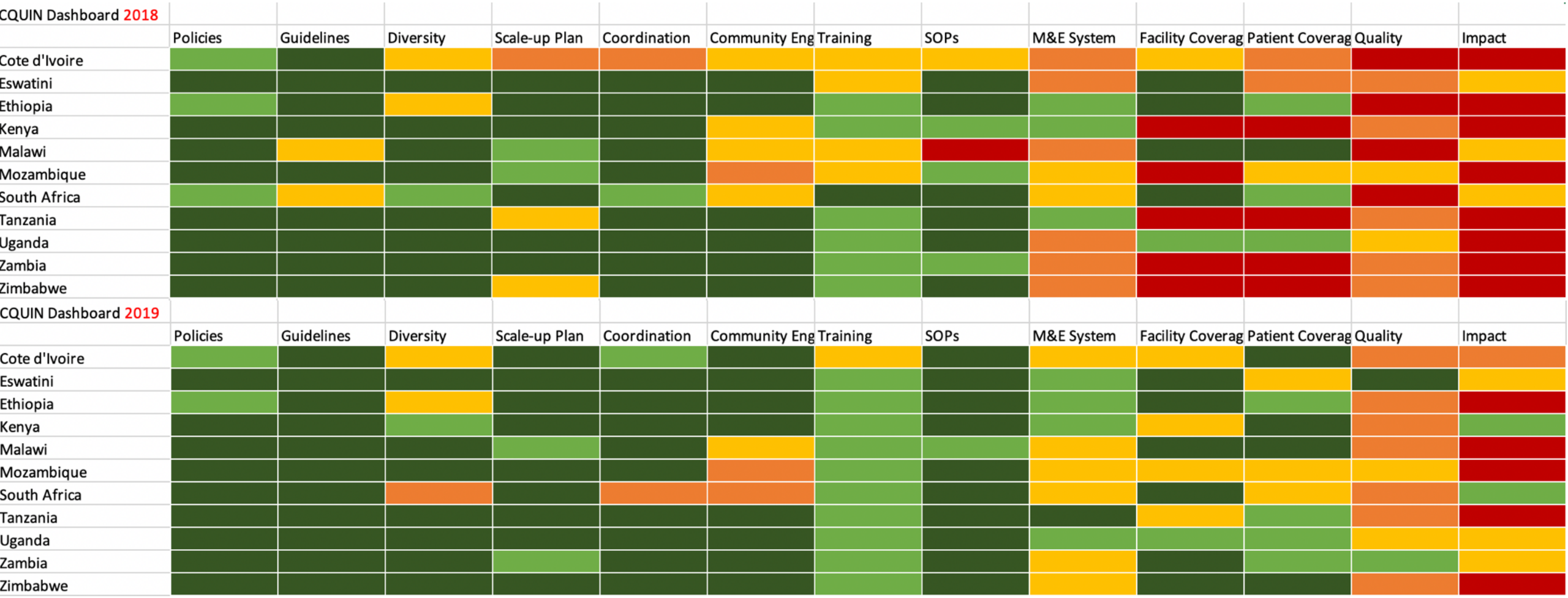
www.cquin.icap.columbia.edu

The CQUIN Dashboard



RED	ORANGE	YELLOW	LIGHT GREEN	DARK GREEN
Early or preliminary stages of planning and development; Useful in identifying next steps to take in the scale-up process	Work has begun and the initial efforts are ongoing; Highlights areas that can prioritized for improvement	Efforts have resulted in measurable progress, such as a draft for review or achievement of more than 25% progress to a target	Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization	Achievement of a highly-evolved implementation of the domain; Further improvements and refinements can be made as needed

Significant Progress in DSD Implementation



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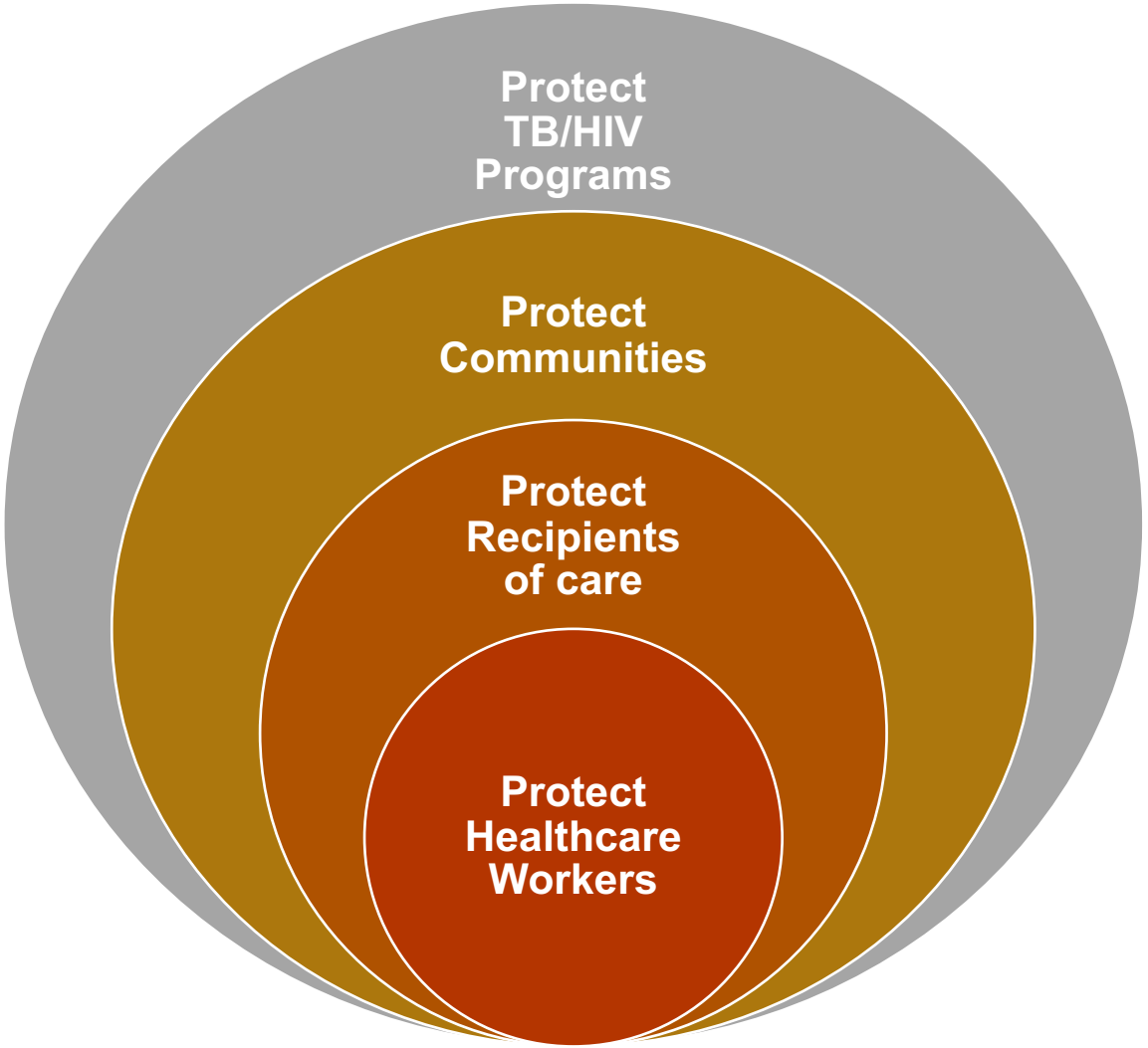
Considerations for DSD and Covid19 Response



Key DSD Policy & Practice Changes in Response to COVID19

- Relaxation of eligibility criteria for DSD
- Provision of longer multi-month dispensing
- Expansion and modifications to community-based DSD models
- Deprioritizing routine viral load monitoring

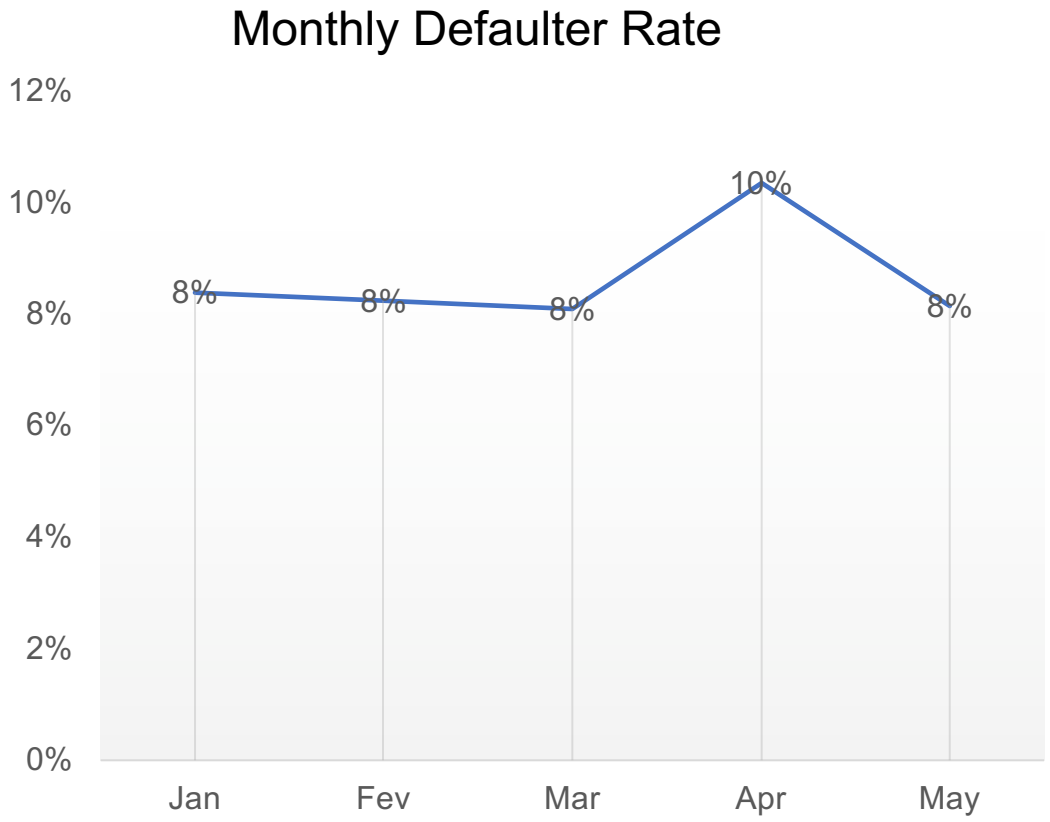
Relaxation of Eligibility Criteria for Less-Intensive DSD Models

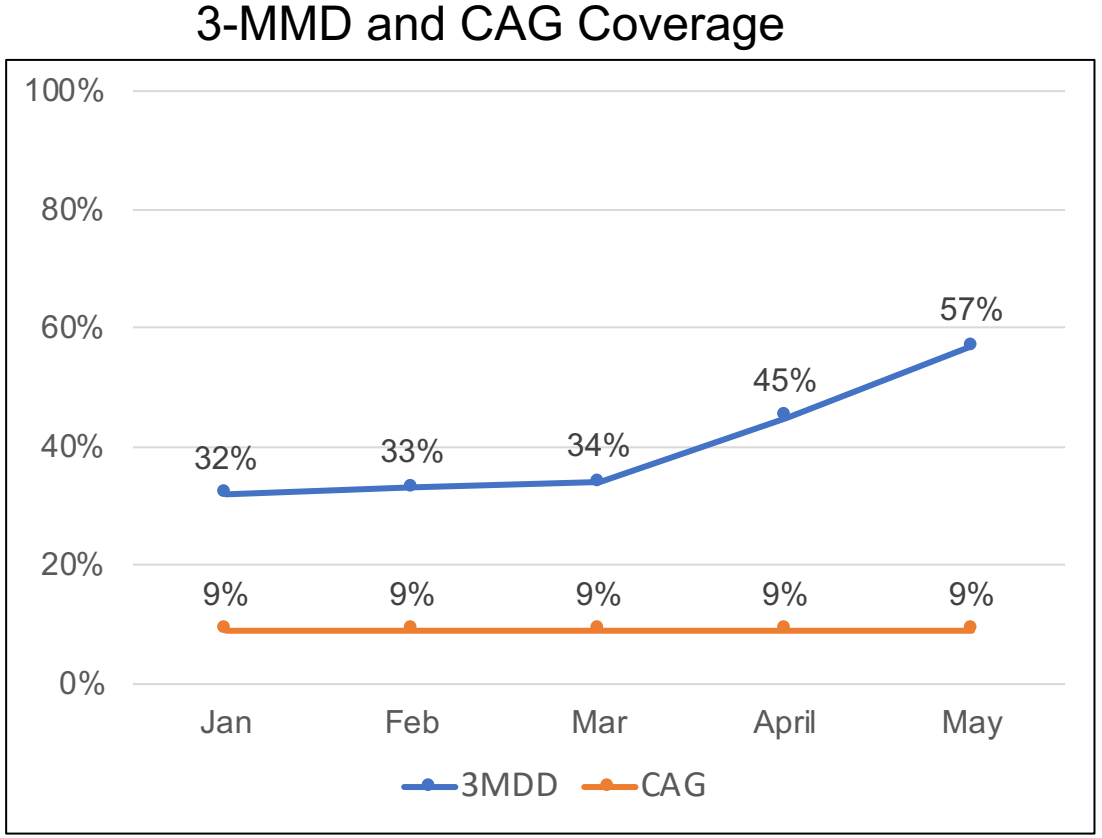
- Suppressed viral load no longer a requirement for DSD
- Newly initiated on ART can now get MMD in some countries
- Patient with unsuppressed viral load can get MMD while receiving remote adherence counseling
- Patients with advanced HIV Disease can also get MMD
- Children, pregnant and breastfeeding women can now receive MMD

Longer Multi-month Dispensing Intervals

- COVID-19 led to rapid adoption of longer refills in some countries
- Some countries moved quickly to adopt or scale up 6-MMD
- Rapid adoption of 3-MMD for countries at the DSD planning phase
- Community ART Groups that were receiving monthly refills are now receiving 3-MMD

Defaulter Rate and 3-MMD Coverage in Mozambique





Source: MOH Mozambique

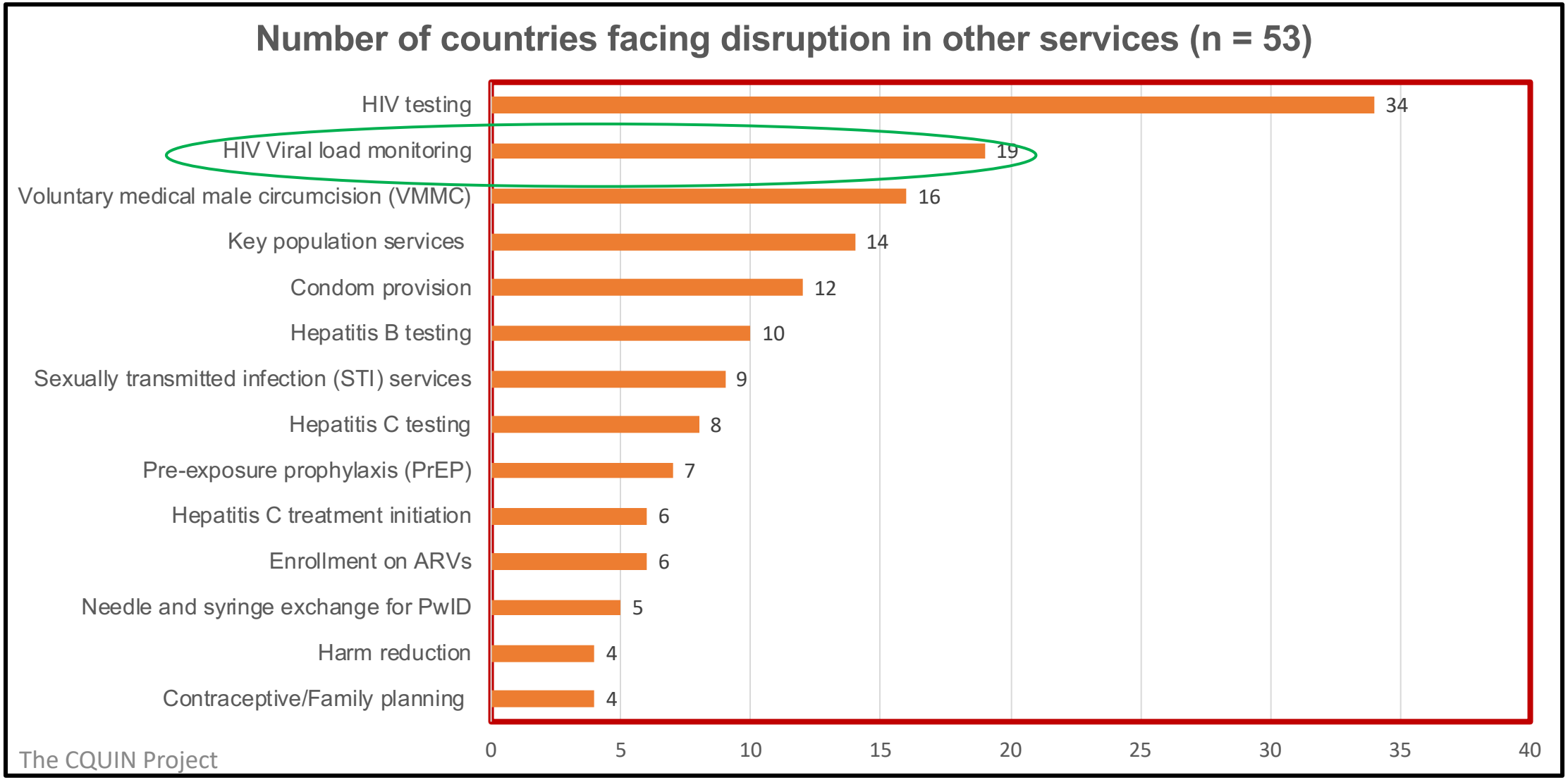
Changes to Community-based DSD Models

- Community-based DSD models expanded to include home delivery of ART
- Elderly and people with pre-existing conditions being offered home-delivery of ART
- Community-based group models have been discouraged from having group meetings

Deprioritizing Routine Viral Load Monitoring

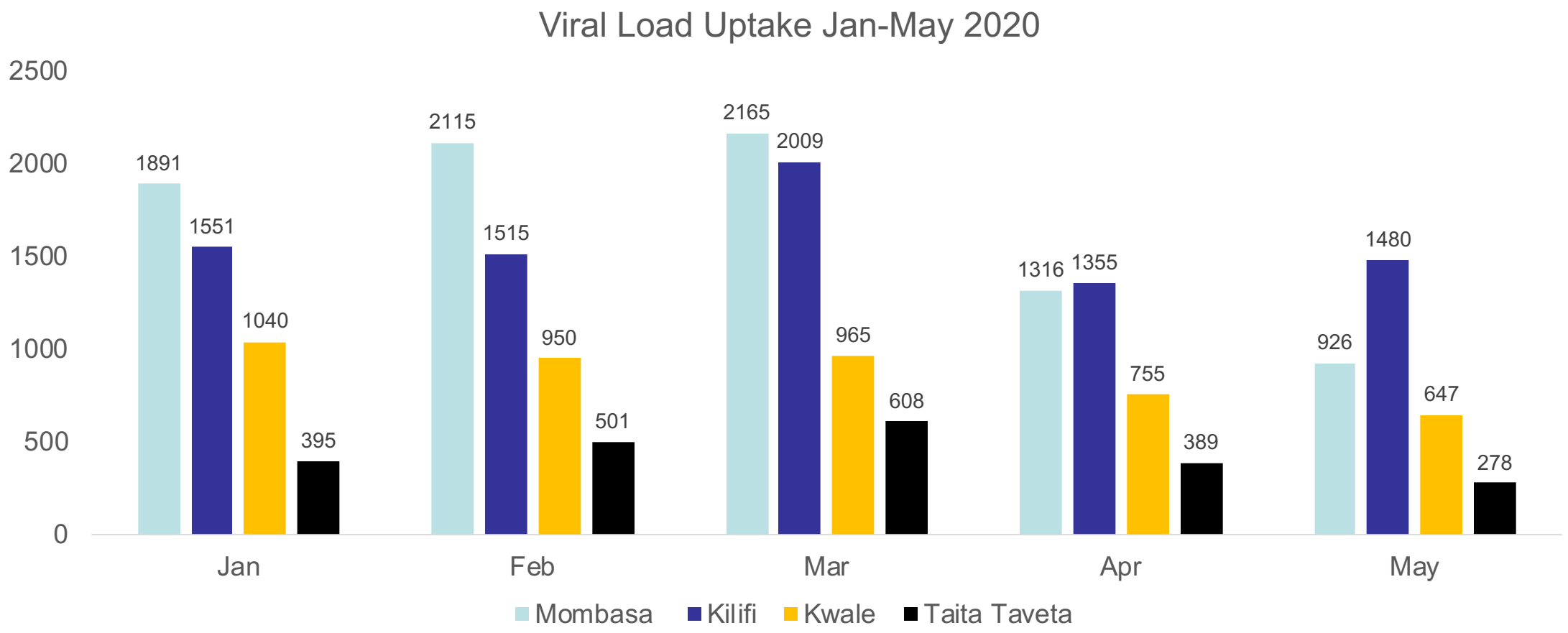
- Routine VL monitoring has been suspended in some countries
- VL monitoring for clients in community-based models suspended
- VL not required for enrollment into 3-MMD
- Targeted VL for recipients of care suspected of failing treatment

Disruptions In Services Due To COVID19



Source: WHO HIV/HEP/STI COVID-19 Questionnaire

Uptake of Routine Viral Load During COVID19: Afya Pwani Project- Kenya



AFYA PWANI Project - Kenya

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Key Questions/Challenges

- Will these challenges be sustained beyond COVID-19?
- Concern of ARV supply interruption
- M&E issues in the era of COVID-19: Countries still figuring out how to effectively document and monitor ART delivery in this era
  - Uganda created a make shift register to collect and harmonize data
- What will be the impact of suspending routine VL?
- Is it possible to ensure people on ART receive routine laboratory monitoring while protecting them from COVID?
- What about diagnostic services for people with advanced HIV disease?

Thank You