DSD Policy and Practice Adaptations in Response to COVID19

Peter Preko (MB ChB, MPH)
CQUIN Director, ICAP at Columbia
25th June 2020
• 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
Why Differentiated Service Delivery? (2)

Different sub-populations have different needs.
Why Differentiated Service Delivery? (3)

Different Clinical Categories of People on ART

- Newly Initiating ART or on ART for < 1 year
  - Early Disease
  - Advanced Disease
- On ART for ≥ 1 year
  - Stable
  - Unstable
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

<table>
<thead>
<tr>
<th>WHERE</th>
<th>INDIVIDUAL</th>
<th>GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY</td>
<td>Facility-Based Individual Models</td>
<td>Facility-Based Group Models</td>
</tr>
<tr>
<td></td>
<td>Fast Track ART Refills</td>
<td>Facility ART Refill Group</td>
</tr>
<tr>
<td></td>
<td>Appointment Spacing</td>
<td>Facility-Based Adherence Group</td>
</tr>
<tr>
<td>COMMUNITY</td>
<td>Community-Based Individual Models</td>
<td>Community-Based Group Models</td>
</tr>
<tr>
<td></td>
<td>Community Drug Distribution</td>
<td>Community ART Refill Group</td>
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<tr>
<td></td>
<td>Mobile Outreach (with or without ART Initiation)</td>
<td>Community-Based Adherence Group</td>
</tr>
</tbody>
</table>

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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
OUTLINE

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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 Project
# The CQUIN Dashboard

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

<table>
<thead>
<tr>
<th>Country</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cote d'Ivoire</td>
<td>Policies</td>
<td>Guidelines</td>
</tr>
<tr>
<td>Eswatini</td>
<td>Policies</td>
<td>Guidelines</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Policies</td>
<td>Guidelines</td>
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<tr>
<td>Kenya</td>
<td>Policies</td>
<td>Guidelines</td>
</tr>
<tr>
<td>Malawi</td>
<td>Policies</td>
<td>Guidelines</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Policies</td>
<td>Guidelines</td>
</tr>
<tr>
<td>South Africa</td>
<td>Policies</td>
<td>Guidelines</td>
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<tr>
<td>Tanzania</td>
<td>Policies</td>
<td>Guidelines</td>
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<tr>
<td>Uganda</td>
<td>Policies</td>
<td>Guidelines</td>
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<tr>
<td>Zambia</td>
<td>Policies</td>
<td>Guidelines</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Policies</td>
<td>Guidelines</td>
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</tbody>
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• Overview of Differentiated Service Delivery
• DSD Implementation Progress leading up to COVID19
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• Challenges and Way forward
• Conclusion
Considerations for DSD and Covid19 Response

Protect Communities

Protect Recipients of care

Protect Healthcare Workers

Protect TB/HIV Programs

Protect Recipients of care

Protect Healthcare Workers

Protect Communities

Protect TB/HIV Programs
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

Monthly Defaulter Rate

<table>
<thead>
<tr>
<th>Month</th>
<th>Defaulter Rate</th>
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<tbody>
<tr>
<td>Jan</td>
<td>8%</td>
</tr>
<tr>
<td>Feb</td>
<td>8%</td>
</tr>
<tr>
<td>Mar</td>
<td>8%</td>
</tr>
<tr>
<td>Apr</td>
<td>10%</td>
</tr>
<tr>
<td>May</td>
<td>8%</td>
</tr>
</tbody>
</table>

3-MMD and CAG Coverage

<table>
<thead>
<tr>
<th>Month</th>
<th>3MDD Coverage</th>
<th>CAG Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>32%</td>
<td>9%</td>
</tr>
<tr>
<td>Feb</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td>Mar</td>
<td>34%</td>
<td>9%</td>
</tr>
<tr>
<td>Apr</td>
<td>45%</td>
<td>9%</td>
</tr>
<tr>
<td>May</td>
<td>57%</td>
<td>9%</td>
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</tbody>
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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

Number of countries facing disruption in other services (n = 53)

- HIV testing: 34
- HIV Viral load monitoring: 19
- Voluntary medical male circumcision (VMMC): 16
- Key population services: 14
- Condom provision: 12
- Hepatitis B testing: 10
- Sexually transmitted infection (STI) services: 9
- Hepatitis C testing: 8
- Pre-exposure prophylaxis (PrEP): 7
- Hepatitis C treatment initiation: 6
- Enrollment on ARVs: 6
- Needle and syringe exchange for PwID: 5
- Harm reduction: 4
- Contraceptive/Family planning: 4

Source: WHO HIV/HEP/STI COVID-19 Questionnaire
Uptake of Routine Viral Load During COVID19: Afya Pwani Project- Kenya

Viral Load Uptake Jan-May 2020

- Jan: Mombasa 1891, Kilifi 1551, Kwale 1040, Taita Taveta 395
- Feb: Mombasa 2115, Kilifi 1515, Kwale 950, Taita Taveta 501
- Mar: Mombasa 2165, Kilifi 2009, Kwale 965, Taita Taveta 608
- Apr: Mombasa 1316, Kilifi 1355, Kwale 755, Taita Taveta 389
- May: Mombasa 1480, Kilifi 926, Kwale 647, Taita Taveta 278
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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