



Differentiated HIV Service Delivery for Families and Key Populations

90-90-90 Targets Workshop

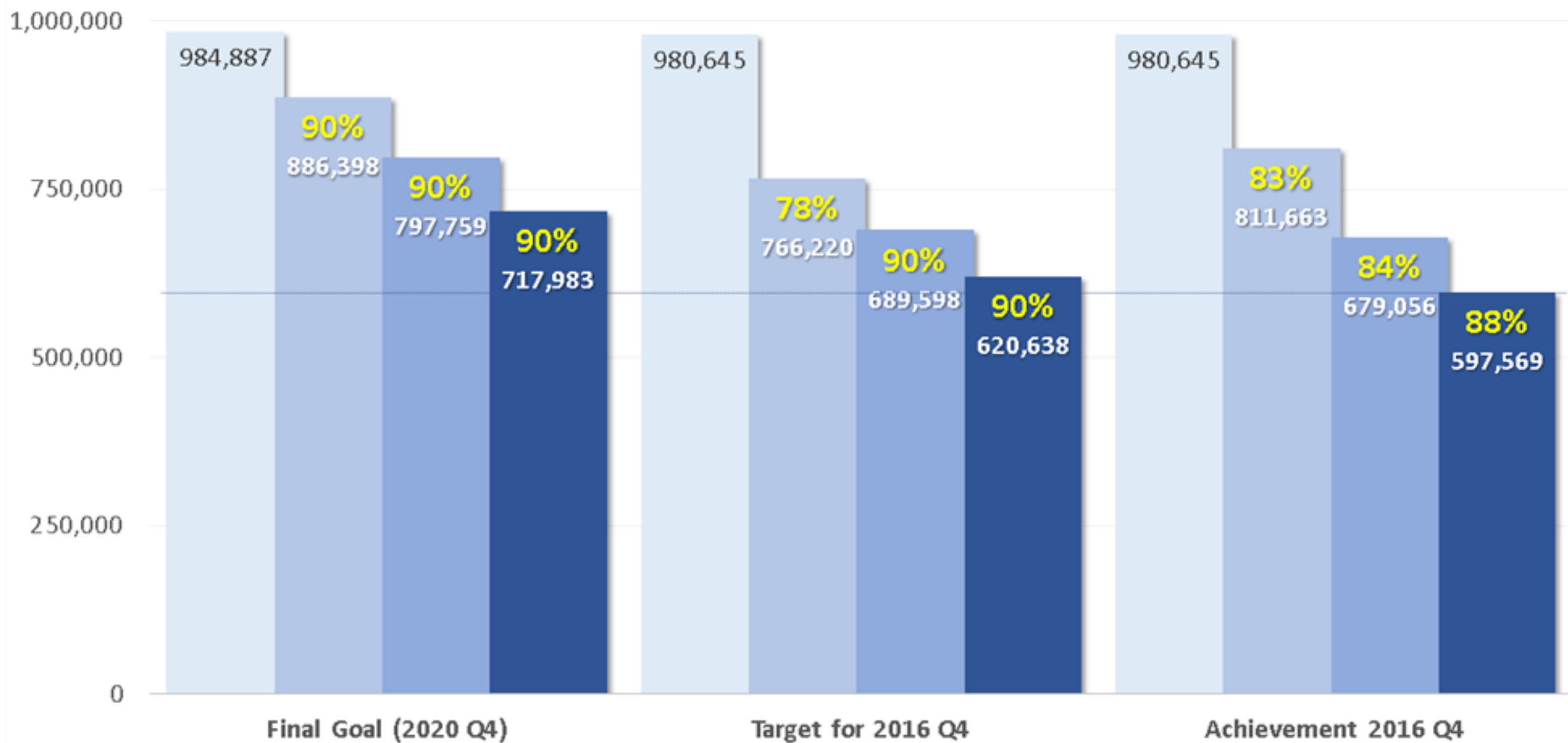
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Malawi Progress Towards 90-90-90 HIV Treatment Goals (Dec 2016)

PLHIV Diagnosed On ART VL supp.

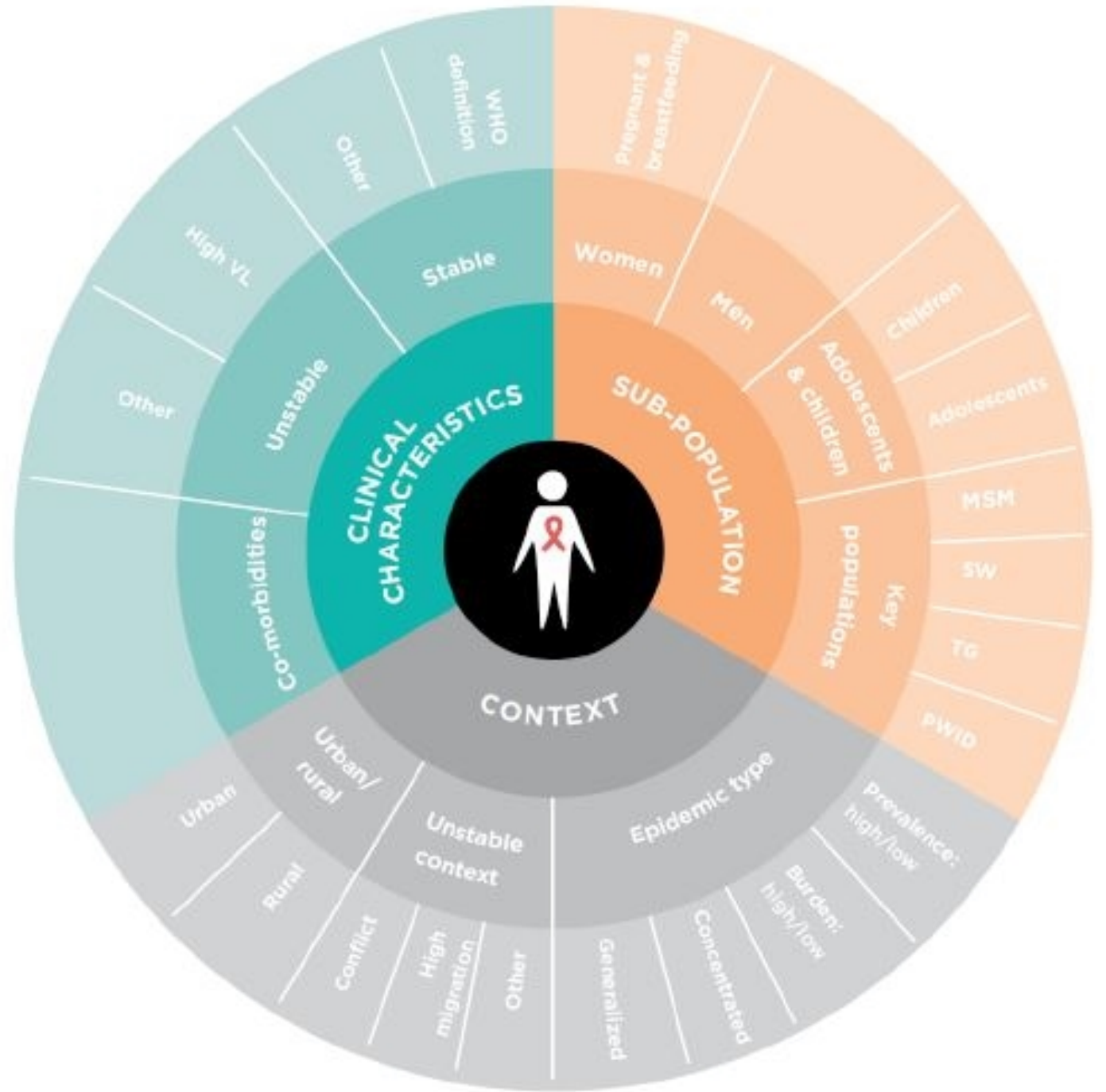


Introduction to differentiated service delivery (DSD)

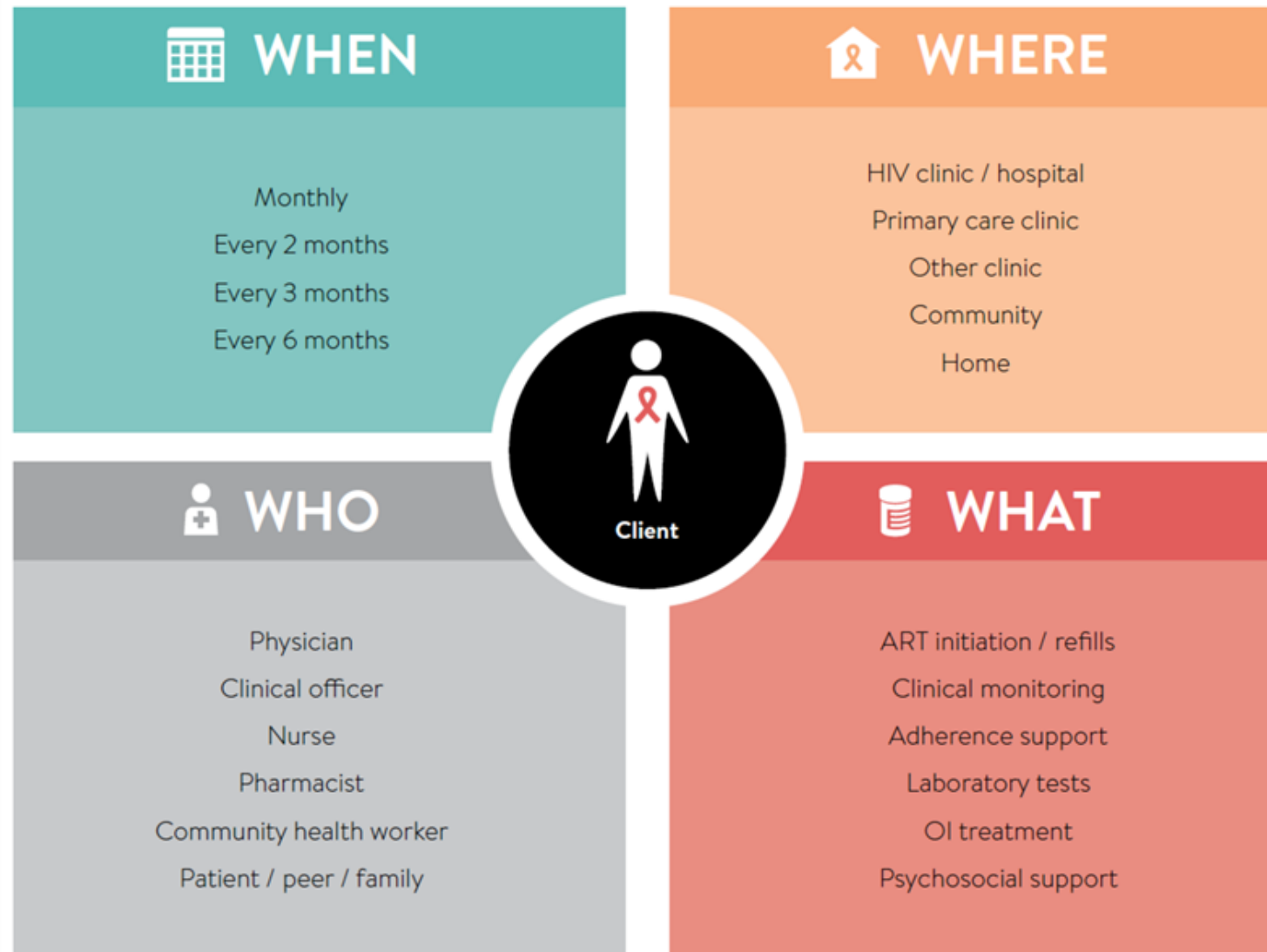
- Patient-centered approach to patient care
- Less intensive services for stable patients
- Need
 - Stable patients using limited resources
 - Populations that have special needs and may otherwise be left behind
- Models
 - Facility-based
 - Out-of-facility
 - Health care worker-managed
 - Client-managed



Key elements



Building blocks



DSD for families

- Families
 - Children, adolescents and pregnant and breastfeeding women (PBFW)
- Children
 - Psychosocial support, disclosure, adherence
- Adolescents
 - Adherence, socio-economic challenges, stigma, health facility challenges, school
- PBFW
 - Clinical review needs, needs of newly diagnosed



DSD for key populations

- Key populations
 - Sex workers, men who have sex with men, people who inject drugs, prisoners
- Issues
 - Comprehensive/integrated services
 - Linkages
 - Use of licit and illicit drugs
 - Stigma and discrimination
 - Legal barriers
 - Harm reduction
 - Confidentiality



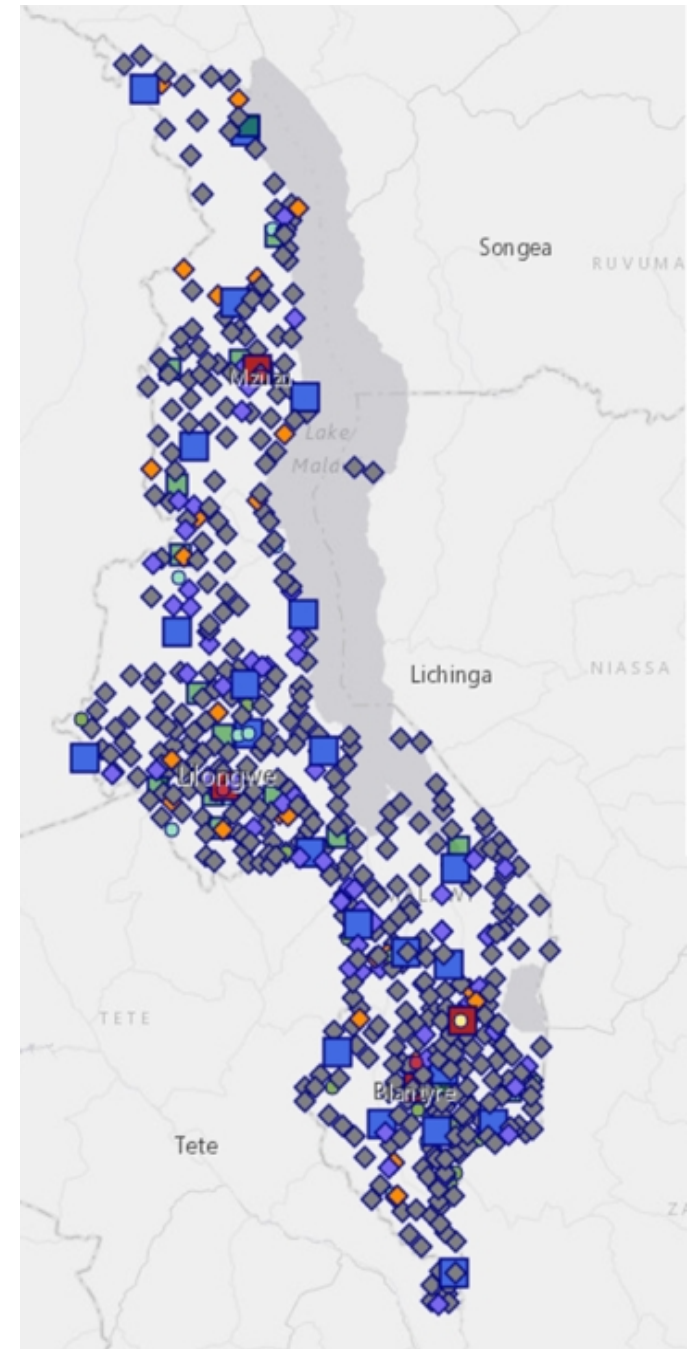
DSDs in low resource settings

Malawi example

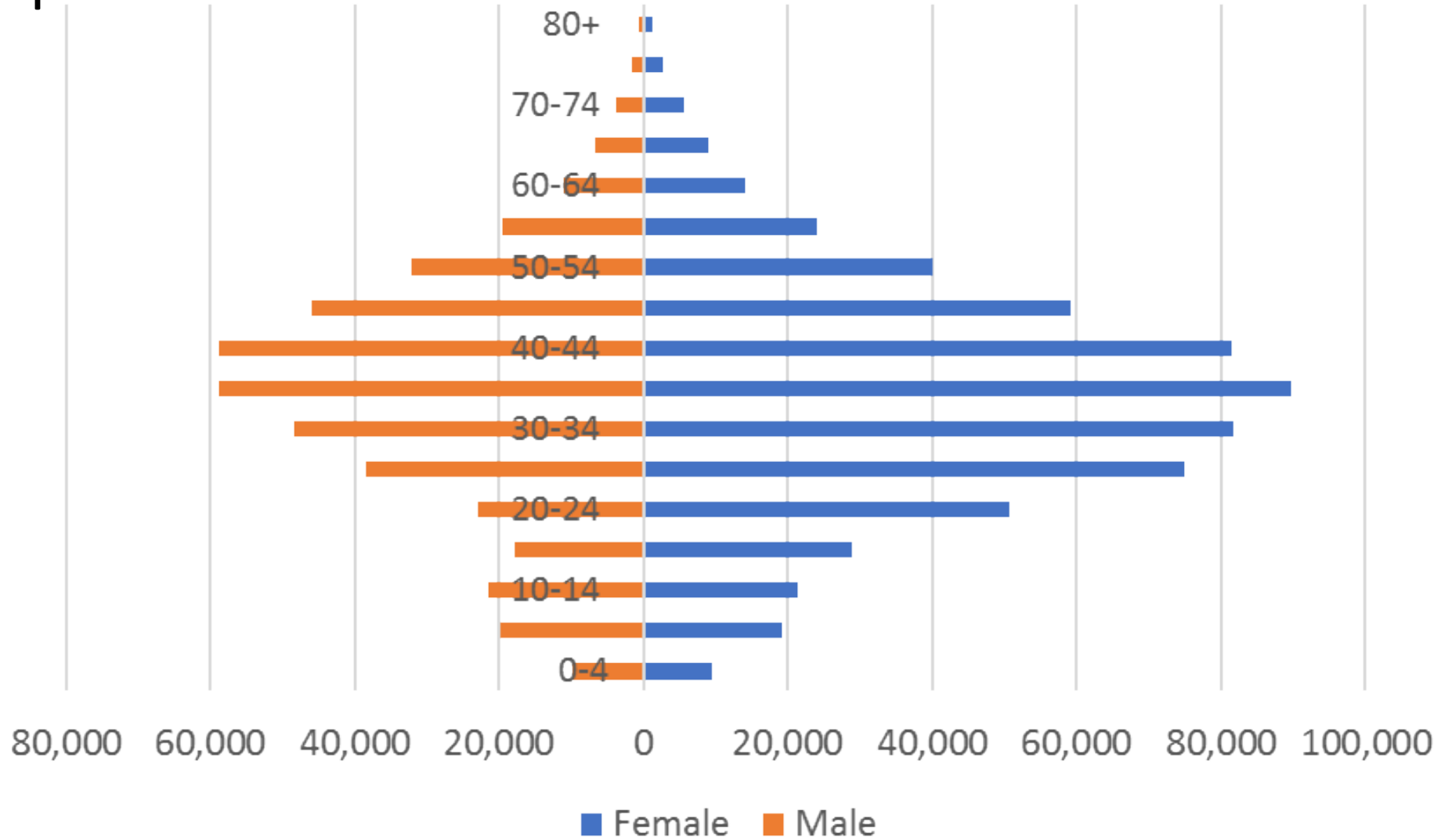


Malawi highlights

- Population: 18.2 million (NSO projection, 2017)
- HIV prevalence: 8.9% (SPECTRUM 2017)
- About 1000 health facilities
 - 732 providing ART, decentralized care
- Significant health system challenges
 - HRH, diagnostics, infrastructure, funding
- 679,000 people on ART (69% of all PLWH)
- 3 month drug prescription is standard
- Highly task-shifted
- Test and treat
 - Implementation from April 2016



HIV population



DSD – families

- Mother-infant pairing
 - Mother and infant visits synced | ART/HIV Care clinic | Nurse/clinician | Mother review and drug pickup, EID, U5 care
- Teen clubs
 - 1-2 Monthly | ART clinic | Nurse and peers | Psychosocial support, ART refill, clinical review, VL testing
- Guardian-assisted drug pickup
 - 3-monthly, alternating between patient and guardian | Facility | Nurse/clinician | G: ART refill, P: ART refill, clinical review
- Option B+ (2011 – 2016)
 - Monthly (x6) for newly diagnosed, synced with ANC | Facility | Nurse/clinician | Diagnosis + confirmation, early ART initiation, ANC care



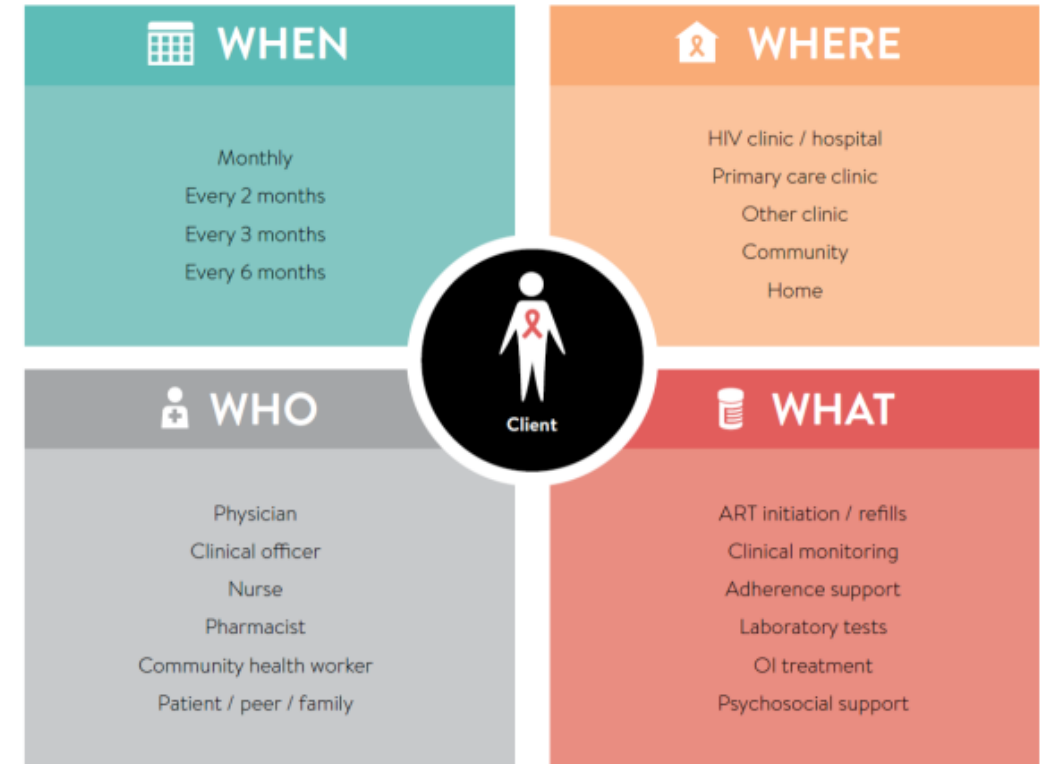
DSD for key populations

- Drop-in centers
 - Monthly | DIC | Peer navigator, peer educator, nurse | HIV-: HTS, prevention services; HIV+: Adherence support; All: GBV screening and support, linkage to care, FP services, STI
- Outreach clinics
 - Monthly | DIC | Nurse/clinician | ART refill, clinical review, VL testing



Considerations in low-resource settings

- When
 - Storage capacity
 - Safety of drugs – expiry risk
 - Availability of other drugs
- Where
 - Ability to supervise
 - Commodity security
 - Commodity accountability
 - Integration with other diseases/conditions
- Who
 - Capacity of personnel
 - Regulation
- What
 - Laboratory capacity



Considerations

- Difficulty identifying key populations
- Monitoring and evaluation
- DSD paradox
 - In some settings some DSDs may increase the burden on the health system
- Continue improving care at standard health facilities
 - E.g. weekend clinics
- One coherent national program vs projects



Conclusion

- As we get closer to 90-90-90 the need for differentiated care increases
 - Stable patients
 - Populations left behind
 - Limited resources
- Design of models should take into consideration key contextual issues
- Peers are critical
- Maintain public health approach



Thank you for your attention

