POLICY BRIEF

Post-Pandemic Progress in HIV Differential Service Delivery Policies

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1. Role of DSD in the global HIV response

Differentiated Service Delivery (DSD) is a people-centered approach designed to enhance access and adherence to HIV services across the care continuum, including, prevention, treatment, and care services. The DSD model moves away from traditional, clinic-based service delivery to one that, while delivering high-quality services at scale places the client at the center of their HIV care plan by tailoring the location, frequency, and package of services. The DSD model is specifically tailored to accommodate communities and individuals who have been on ART with successful viral load suppression for at least 6 months, meaning they have been receiving ART for at least six months, are not currently experiencing any illnesses (aside from well-controlled chronic health conditions), have a comprehensive understanding of the necessity for lifelong adherence, and have achieved viral load suppression within the past six months.

To achieve the 2030 UNAIDS target of ensuring 95% of people living with HIV (PLHIV) are on ART and that 95% of those on ART achieve viral suppression, it is imperative to enhance linkage and sustain access to HIV services for PLHIV.[1,2] Evidence suggests that to improve access and adherence to ART, a shift towards community-based DSD has several benefits. First, DSD providing multi-month dispensing ensures reliable access to ART supply. This becomes even more essential in cases where the supply of essential drugs is disrupted, such as during the COVID-19 pandemic. Second, it provides optimal flexibility in service delivery. Specifically, by designing and tailoring service delivery based on the needs of the key and vulnerable populations, DSD reduces stigma and discrimination when accessing HIV services. Third, task shifting and decentralization reduces the burden on people accessing care as well as requirements of health systems.

The significance of DSD is often amplified in events where the supply of essential drugs is disrupted, such as during the COVID-19 pandemic. National policies should be adapted to the realities of the COVID-19 pandemic and expanded DSD services to improve retention in care, while the health workforce efforts could be redirected toward addressing the COVID-19 pandemic. Implementation of DSD services in Sub-Saharan Africa has shown a positive impact on 12-month retention in ART.[3] This adaptability highlights the potential of DSD models to be applied in various contexts, beyond just ART delivery, to ensure continuous access to essential healthcare services during times of crisis.

2. Monitoring DSD policies

The Georgetown University's HIV Policy Lab is a longitudinal interactive dashboard visualizing HIV laws and policies across 194 countries and 33 key indicators based on WHO's updated recommendations on service delivery for the treatment and care of people living with HIV (2021).[4] The lab measures whether national DSD options allow for (1) community ART distribution, (2) reduced clinical visits for people established on ART, and (3) multi-month refills of ART. This analysis provides a snapshot of the latest DSD policies globally. To understand the national DSD policy landscape, we ask:

"Do national HIV treatment policies include multiple options for differentiated HIV treatment services?"

We categorize the national policies of various countries based on the options they provide for differentiated service delivery (DSD) of HIV treatment. "Adopted" signifies that the national policies of a country include multiple options for DSD, specifically, community ART distribution, maximum flexibility for clinic visits and multi-month dispensing. "Partially Adopted" is designated when the national policies include at least one option for DSD, which could be any one of the following: community ART distribution, reduced clinic visits, or multi-month dispensing. Finally, "Not Adopted" is assigned when the national policies do not incorporate any options for differentiated HIV treatment services. These coding rules are essential for systematically assessing the extent to which different countries have integrated DSD options into their national policies.

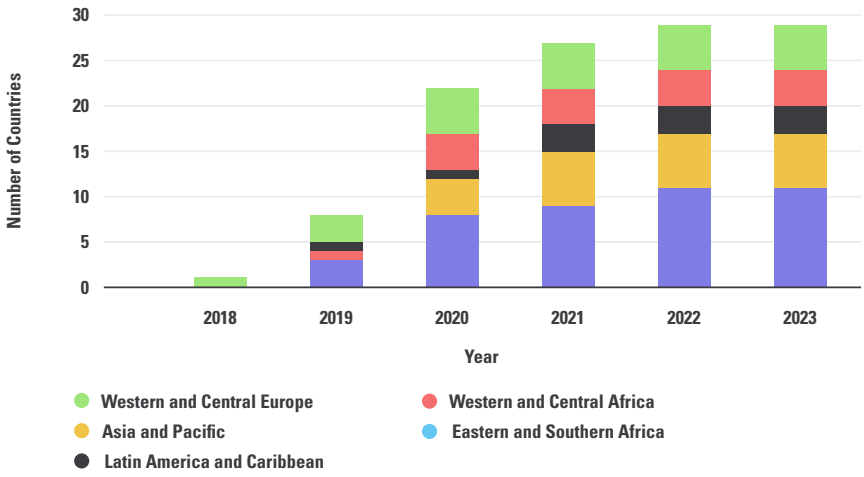
Additionally, we investigate the specific DSD options implemented in each country and categorize them as either "Adopted," "Partially Adopted," or "Not Adopted," as explained below.

1. **Community ART distribution**
   - Adopted: National policies allow for the pick-up of medicines at places other than the clinic, including local pharmacies, via mail-order or home delivery, community drug distribution points (where community health workers or nurses distribute meds at a pick-up point), and community client-led ART delivery (where a non-clinic-based adherence support group member collects medications for other group members).
   - Not Adopted: National policies mandate that clients must travel to a clinic or health facility to collect their medicines.
2. **Reduced clinical visits**
   - Adopted: National policy allows for clinic visits every 6 months or more for clients who are stable on treatment/have achieved viral suppression (i.e. undetectable viral load) within the past six months.
   - Partially Adopted: National policy allows for clinic visits every 3-5 months for clients who are stable on treatment/have achieved viral suppression within the past six months.
   - Not Adopted: National policy requires clinic visits every 1-2 months for clients who are stable on treatment.
3. **Multi-month dispensing**
   - Adopted: National policy allows people established on ART to receive a 6-month or longer supply of ART at one time.
   - Partially Adopted: National policy allows people established on ART to receive a 3-5 month supply of ART at one time, including people who receive two 3-month refills at their clinic visit.
   - Not Adopted: National policy only allows people established on ART to receive a 1-2 month supply of ART at one time.

3. Results

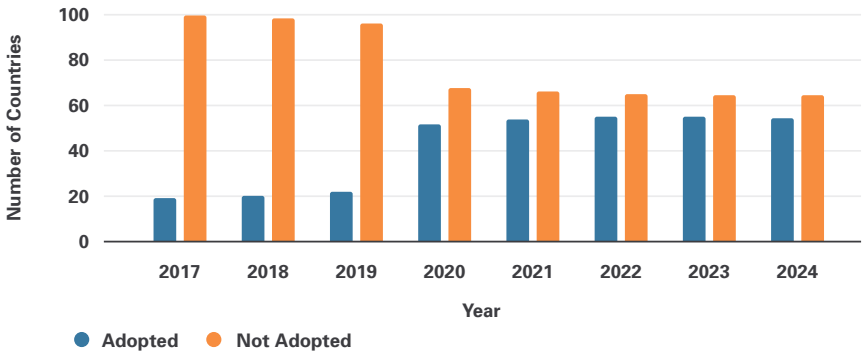
Countries that "adopted" DSD policies by region

Graph 1: Over time, we observe an increase in the number of countries that have adopted policies to include multiple options for differentiated service delivery across all regions. We also observe that countries in the Eastern and Southern Africa region fare better than other regions in adopting DSD policies.



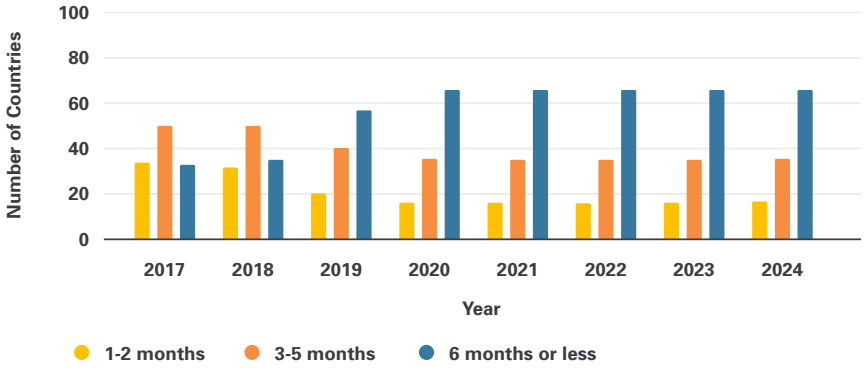
Adoption status for community and distribution

Graph 2: Among the different elements of DSD, there has been a substantial increase in the number of countries adopting community ART distribution policies. There was a three-fold increase of countries adopting community ART distribution between 2017 and 2023 as national policy.



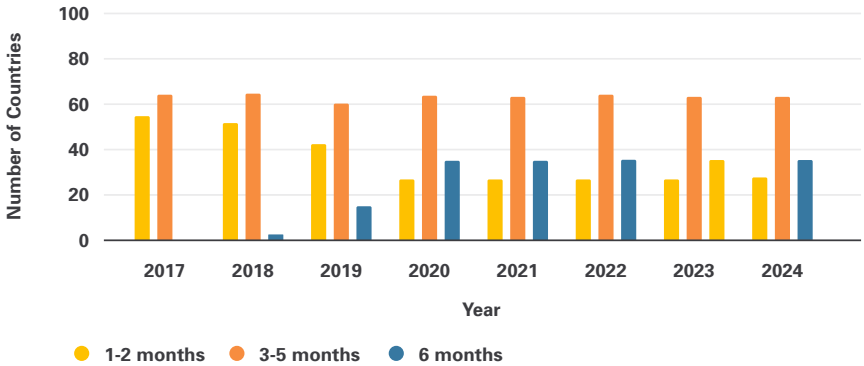
Clinical visit frequency rate over time

Graph 3: Over the last 5 years more countries adopted DSD policies reducing frequency of clinical visits from 1-2 months to 6 months. More countries have adopted measures and policies to ensure reduced frequency in clinical visits compared to multi-month dispensation of ART treatment and community ART distribution.



Multi-month ART dispensation frequency

Graph 4: Over the past 5 years more countries allowed for multi-month ARV refills beyond 2 months.



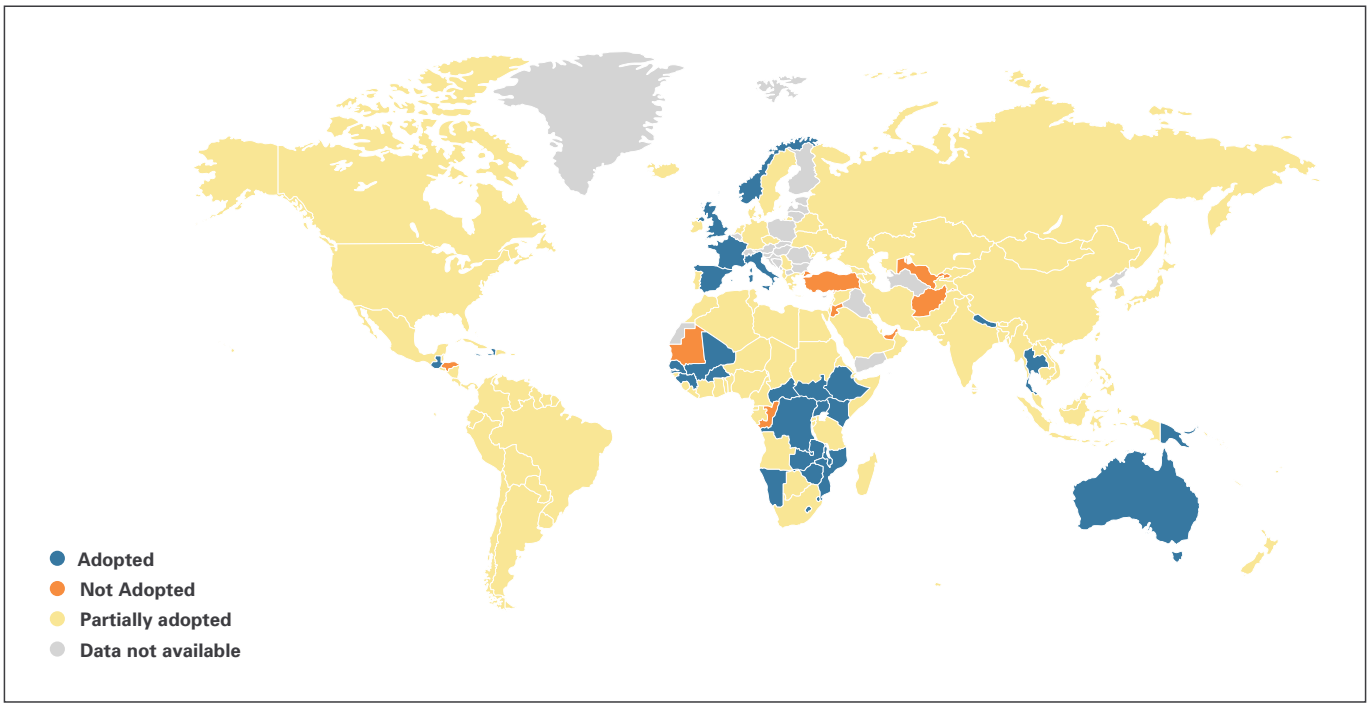


Figure 1: Regional distribution of overall DSD adoption status in 2023.

4. Evolving into person-centered care

The rapid adoption of the DSD for HIV in recent years both in policy and implementation has given renewed attention to broader efforts to define and advocate for person-centered care or people living with and affected by HIV. While efforts to measure the impact of the scale of DSD are ongoing,[5] the Covid-19 pandemic highlighted the importance of resilient and integrated service delivery models to ensure continuity of care for people on ART.

Differentiated Service Delivery (DSD) is a core tenet of person-centered care, and a core tenet of HIV programs, approaching HIV care from a patient's perspective in order to maximize engagement and retention in care. Moreover, people living with HIV (PLHIV) frequently contend with additional health conditions such as hypertension, diabetes, cancer, tuberculosis, and reproductive health needs, including family planning.[6] Addressing these requires regular referrals and active engagement with healthcare services. A recent review highlighted the importance of integrating HIV care with these programs and avert poor quality and siloed care.[7]

A lack of coordinated quality care places an additional burden on PLHIV to successfully receive the care they need, and potentially leading to worse health outcomes.

While there has been some measure of success integrating HIV care with TB and family planning,[8,9] these models have yet to be brought to scale, where needed, and extended to include NCDs.

5. Key takeaways

- Countries around the world exhibit varying degrees of adoption for DSD policies, with 72% of countries adopting at least one DSD option.
- From 2017 to 2023, the number of countries that have not adopted any DSD options declined, leaving only 11% of countries remaining non-adoptive.
- This analysis suggests that increased resources must be allocated to incorporate multiple DSD options in order to strengthen the resilience of health systems.
- Globally, countries have adopted measures and policies that reduce frequency of clinical visits at a faster rate compared to multi-month dispensation of ART treatment and community ART distribution.
- Since the outbreak of COVID-19 in 2020, there has been a noticeable upward trend in the adoption of DSD models across all regions, reflecting a global recognition of the importance of flexible and adaptable healthcare delivery systems during times of crisis.

6. References

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