



# PRIORITIZING DIFFERENTIATED ART DELIVERY TO FAST TRACK REACHING HIV TARGETS IN WEST AND CENTRAL AFRICA

This brief outlines differentiated service delivery (DSD) as a key approach to achieving the Joint United Nations Programme on HIV and AIDS (UNAIDS) 90-90-90 treatment targets in West and Central Africa (WCA), focusing on differentiated antiretroviral therapy (ART) delivery for clients who are clinically stable on ART. It does so by demonstrating how the key DSD principles can be applied to develop differentiated ART delivery models that address the complex barriers to reaching HIV targets in the region. As outlined in the brief, WCA has unique barriers to addressing HIV related to complex political situations, health system and supply chain challenges and providing quality care in a lower HIV-prevalence context. In order to strengthen the HIV response in WCA, policy makers, funders and programme implementers need to:

- 1 Endorse differentiated ART delivery for clinically stable clients.**
- 2 Engage people living with HIV in the design and delivery of ART services.**
- 3 Extend ART refills for those who are adherent to treatment.**
- 4 Emphasize that adherent clients can collect ART refills without seeing a clinician.**
- 5 Enable the distribution of ART refills and psychosocial support by peers and lay providers, particularly for key populations.**

## HIV IN WEST AND CENTRAL AFRICA

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Major progress has been made globally to move towards the UNAIDS 90-90-90 targets by 2020, with several countries in East and southern Africa close to epidemic control. In WCA, the response is lagging behind other regions. The region accounts for 21% of the world's new HIV infections and 30% of global AIDS-related deaths. Within the region, ART coverage varies hugely, from 30% in the Democratic Republic of the Congo (DRC) to 82% in Burundi [1].

In 2016, UNAIDS launched a WCA catch-up plan to set the 25 countries in the region on the fast track to achieving the 90-90-90 targets by 2020 [2]. Barriers to scale up in this

region remain complex. The lack of political commitment and funding, high levels of stigma, and health systems prioritizing services associated with user fees work together to deprioritize effective resource allocation and focused management of the HIV epidemic. Planning HIV service delivery in these contexts poses specific challenges. Within the WCA region, there are low- and high-prevalence settings and, within a country, prevalence can vary dramatically from region to region and by population. Providing HIV care within weak health systems that are often struggling in situations of post or active conflict or recovering from the Ebola epidemic adds further complexity.

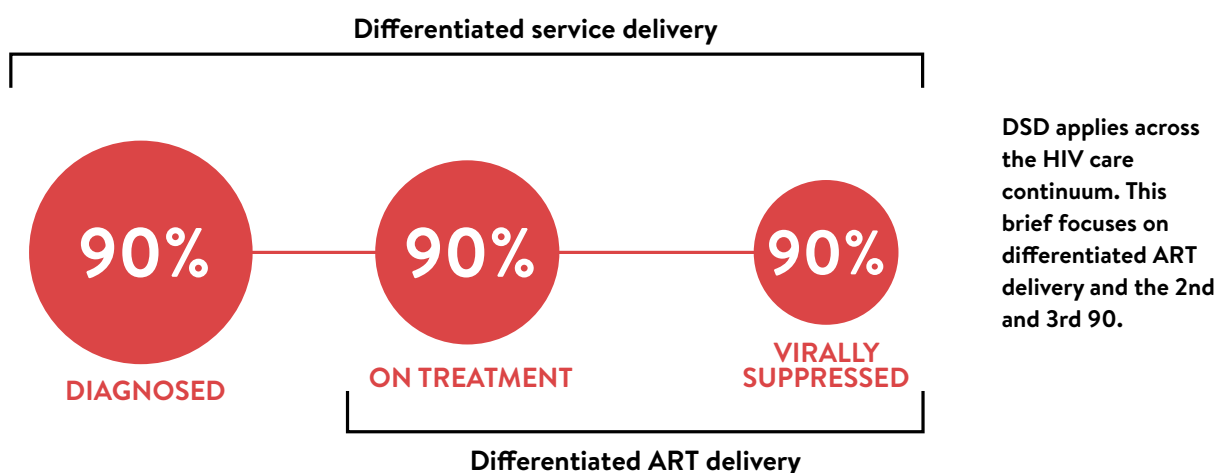
## DIFFERENTIATED ART DELIVERY

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DSD is centred on providing client-centred care that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with and vulnerable to HIV while reducing the burden on health systems (Figure 1) [3]. DSD also applies beyond the treatment cascade to include

prevention. Differentiated ART delivery specifically focuses on differentiating service provision to clients already on ART. This approach is strategic for the HIV response in WCA where due to lower prevalence, people living with HIV are widely and unevenly distributed, making it difficult and inefficient to provide comprehensive fully decentralized ART services.

Figure 1: Differentiated service delivery is applicable across the HIV care continuum



This brief provides five priority actions for the implementation and scale up of differentiated ART delivery models in WCA for clinically stable clients on ART. These priority actions are based on lessons learnt from

implementing differentiated ART delivery programmes in the region and scientific evidence from the region, as well as reflections from DSD implementation in other contexts and settings.

## 5 PRIORITY ACTIONS FOR DIFFERENTIATED ART DELIVERY IN WEST AND CENTRAL AFRICA

### 1 Endorse differentiated ART delivery for clinically stable clients

With progress towards the 90-90-90 targets in WCA lagging behind other regions, differentiated ART delivery can play a vital role in better leveraging weak or overburdened health systems that may be struggling to meet the needs of people living with HIV. Differentiated ART delivery can make services more easily accessible to clients on ART without having to provide comprehensive ART services close to the home of every person living with HIV. Further, differentiated ART delivery can reduce HIV-related stigma by enabling client preference for accessing ART services away from home without imposing an undue burden of making frequent trips to services further away.

The World Health Organization (WHO) recommends a differentiated approach for the delivery of HIV treatment and care [4]. This includes adapting the provision of services to four groups of people with specific needs:

- Individuals presenting or returning to care with advanced HIV disease
- Individuals presenting or returning to care when clinically well
- **Individuals who are clinically stable on ART**
- Individuals who are receiving an ART regimen that is failing [5].

As a minimum, differentiated ART delivery for clinically stable clients should be endorsed and thereby enabled in country policy either within HIV treatment guidelines or within a separate differentiated service delivery policy. Both Ghana and Sierra Leone provide excellent examples of differentiated service delivery policies in the region [6,7].

### 2 Engage people living with HIV in the design and delivery of ART services

Engaging people living with HIV in the design and delivery of ART services is critical to finding durable and people-centred solutions to respond to HIV. DSD is client centred and so talking with people about what services they want is critical. Healthcare workers, including clinical staff, lay workers and peer volunteers, should be consulted.

**“Every time I take my meds on time, I feel better. R6M [Rendez-vous de Six Mois or 6-month appointments] helps with this because I don’t have delays in coming to the hospital.” – Client, Guinea**

**“Travelling makes them not access the ART. [It is the] distance of the clinic. They cannot afford transportation for that month.” – HIV counsellor, Sierra Leone**

**“Even if the viral load test is free, we ask [the] patient to come at a very specific time that might not be convenient for them, or also generates additional costs.” – Pharmacist, Senegal**

### 3 Extend ART refills for those who are adherent to treatment

Differentiated ART delivery models are built by adapting the “building blocks” of “when” (service frequency), “where” (service location), “who” (service provider) and “what” (service package) (Figure 2). Adapting the “when” and reducing visit frequency by extending ART refills to people who are adherent to their treatment has been successfully implemented in many contexts, including WCA.

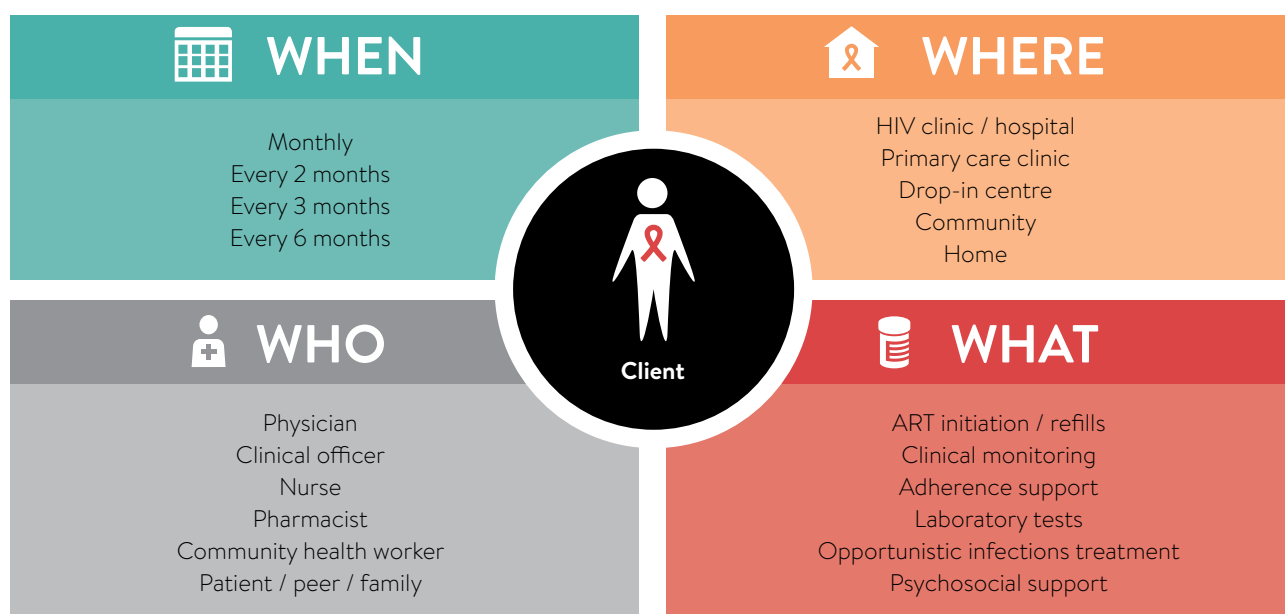
- In Nigeria, three month prescriptions, known as multi-month prescriptions (MMS), of ART were introduced at 104 facilities. This led to a 32% reduction in the number of clients visiting the clinic daily, decreasing the workload for healthcare workers, with shorter waiting times and decreased transportation costs for clients [8].
- In Guinea, 6-month ART refills were piloted during the Ebola outbreak and scaled up thereafter.

Clients accessing 6-month refills had higher viral load suppression than those in the standard of care, and workload was significantly reduced for healthcare workers [9].

- In Sierra Leone and Ghana, national policy supports ART refills of 3-6 months and 3 months respectively for clinically stable clients [6,7].

Extending ART refills for those who are adherent offers benefits to the client and to the health system. Given the generally lower HIV prevalence and high levels of HIV stigma in the region, longer ART refills can enable a reduction in transport costs for clients and minimize the risk of breaches of confidentiality and/or accidental disclosure. It also reduces the necessity of ensuring that frequent ART refills are available at every health facility.

Figure 2: The building blocks of differentiated ART delivery



### 4 Emphasize that adherent clients can collect ART refills without seeing a clinician

Reducing the frequency of unnecessary visits with a clinician can be beneficial to both clients and the healthcare system. Clients can receive their ART refill quickly and clinicians can focus their attention on ART initiation, managing clients with clinically complex HIV and other diseases. The building blocks in Figure 2 above should be considered separately for ART refill visits and clinical assessment visits.

- In the DRC, clients can choose to receive their 3-monthly ART refills in their support group run at the health facility or in their community, through a fast-pickup mechanism at the health facility or by allowing

collection of ART refills from a community distribution point or PODI (points de distribution). PODIs are staffed by lay providers and distribute ART refills closer to home in a timely manner between annual clinical assessments at the health facility [10].

- In Côte d'Ivoire, clients see a clinician every six months for their clinical assessment. They can then choose to collect their 3-monthly ART refills at their support group or through a fast pickup directly from the pharmacy at the health facility [11].

## 5 Enable the distribution of ART refills and psychosocial support by peers and lay providers, particularly for key populations

Engagement of key population peers and people living with HIV lay providers in the provision of HIV care and ART delivery treatment is key to increasing peer support, reducing stigma and enabling task sharing. In many WCA settings, high levels of HIV-related stigma continue to exist within communities and among health workers. In addition, the lack of professional healthcare workers is a major barrier to scale up. Peers and lay providers from key populations and/or people living with HIV can be effectively engaged to distribute ART refills, provide psychosocial support and assist clients with managing HIV. Key populations include men who have sex with men, people who inject drugs, sex workers and transgender people.

- Clients from key populations are supported in Côte d'Ivoire by key population peer navigators and peer educators. Working with clinical teams and community clinics, these peer providers support retention and adherence by providing community ART refills, as well as psychosocial support [12].
- In Sierra Leone, peer female sex workers and men who have sex with men collect ART refills at health facilities for their peers. They then meet their peers at their homes or community venues to distribute the refill.

## CONCLUSION

Assessing how differentiated ART delivery can address access challenges for clients and demands on health systems is as relevant for WCA as it has been for East and southern Africa. This briefing document focuses on ART delivery for clinically stable clients, which is where DSD began and has had the most impact in high-prevalence settings to date. By providing longer ART refills, weak and overburdened health systems can provide more accessible ART care and treatment to clinically stable clients, supporting long-term adherence and retention. Increased time for healthcare workers may consequently be redirected to identify new cases of HIV, initiate those identified on ART, and manage clients with advanced HIV disease and those who are failing their treatment.

Differentiated ART delivery may also be a means to address barriers related to stigma in WCA through reducing the number and waiting time of visits to the clinic, allowing continued care further away from home if preferred and supporting more integrated and community-based services. The majority of people living with HIV can adhere to treatment if they are clinically stable and self-empowered to manage their own disease; demonstrating this can go a long way towards ensuring that living with HIV is like any other chronic disease, with people leading long and productive lives.

Prioritizing these five actions to enable differentiated ART delivery is the first step in a differentiated service delivery approach for HIV in WCA.

*For more information on differentiated service delivery, including the latest best practices, normative and clinical guidelines and tools to support country implementation, visit [www.differentiatedservicedelivery.org](http://www.differentiatedservicedelivery.org)*

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[www.differentiatedservicedelivery.org](http://www.differentiatedservicedelivery.org)

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