

Differentiated Care for Antiretroviral Therapy for Key Populations: Case Examples from the LINKAGES Project

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An estimated 37 million people are living with HIV today. A response to the need for providing services in a variety of ways is called differentiated care or differentiated service delivery. Under this approach, HIV services across the cascade are adapted to reflect the preferences of various groups of people living with HIV. By simplifying the process and putting clients at the center, health system resources can be reallocated to those most in need.

Differentiated antiretroviral therapy (ART) delivery, a part of differentiated care, aims to improve retention and viral suppression by optimizing models of drug and care delivery.¹ Models fall into four categories: health care worker-managed group; client-managed group; facility-based individual; and out-of-facility individual.

The case studies presented here from FHI 360's LINKAGES projects in Botswana, Haiti, Kenya, and Malawi are examples of the out-of-facility individual model, sometimes referred to as the community model. LINKAGES is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and U.S. Agency for International Development (USAID). The project aims to accelerate the ability of governments, key population (KP) organizations, and private-sector providers to collaboratively plan, deliver, and optimize services that reduce HIV transmission among KPs and extend life for those who are HIV-positive.

LINKAGES Botswana

The LINKAGES project in Botswana has adopted differentiated ART service delivery to enhance links to care and treatment for two KP groups—men who have sex with men (MSM) and female sex workers (FSWs). Integrated clinical services are provided in the community through outreach at mobile clinics or drop-in centers with a one-stop-shop approach. Both HIV testing services (HTS) and ART services are offered in the same location, making it easy for those who are newly diagnosed with HIV to be immediately linked to care and treatment.

For those who are diagnosed HIV positive, the baseline laboratory tests are requested, but clients are initiated on ART immediately. Also, adherence counseling sessions are reduced from three sessions prior to initiation to just one, and subsequent sessions are conducted during follow-up visits. Individuals with signs of opportunistic infections or comorbidities are referred to traditional ART clinics for further evaluation.

Additionally, patients who are stable on treatment receive multi-month prescriptions and can pick up a two-month supply of medication. Clinical visits are conducted every six months but refills are done at the community level during outreach and at drop-in centers. Emergency refills for up to 14 days are available to any KP member who has missed an appointment or has traveled to another location (away from the base clinic) and can be dispensed at public health facilities or at LINKAGES-supported facilities. Nonclinical staff at drop-in centers are also trained to provide emergency refills as part of task-shifting and to allow KP individuals the flexibility of accessing treatment outside normal working hours.

A total of 3,477 FSWs were reached with HIV prevention services between October 2016 and September 2017. More than 81 percent of those who were eligible for HIV testing and counseling were successfully linked to testing services (n=2,831), and resulted in a 13 percent case-finding rate (n=358). Sixty-eight percent (n=242) of those who tested positive were

successfully initiated on ART, an improvement of 12 percent compared to the previous year. (See Figure 1.)

Similarly, the implementation of the one-stop-shop model in August 2016 led to an increase in the proportion of MSM who were diagnosed with HIV and who were initiated on treatment (from 38 percent in the first year to 58 percent in the second year). Therefore, same-day ART initiation in the community enhances links from HTS to enrollment into care and ART initiation among both KP groups. (See Figure 2.)

Figure 1. Clinical cascade for female sex workers

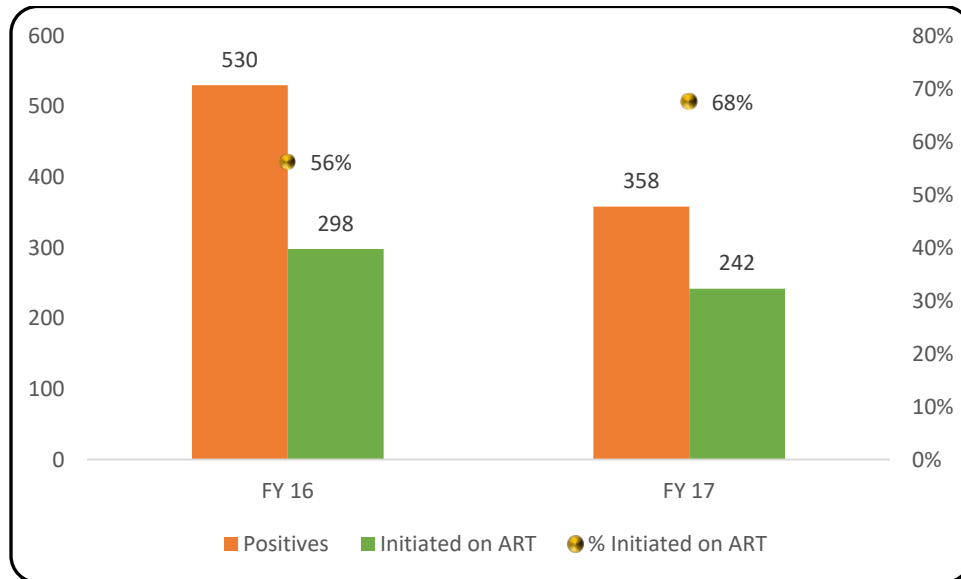
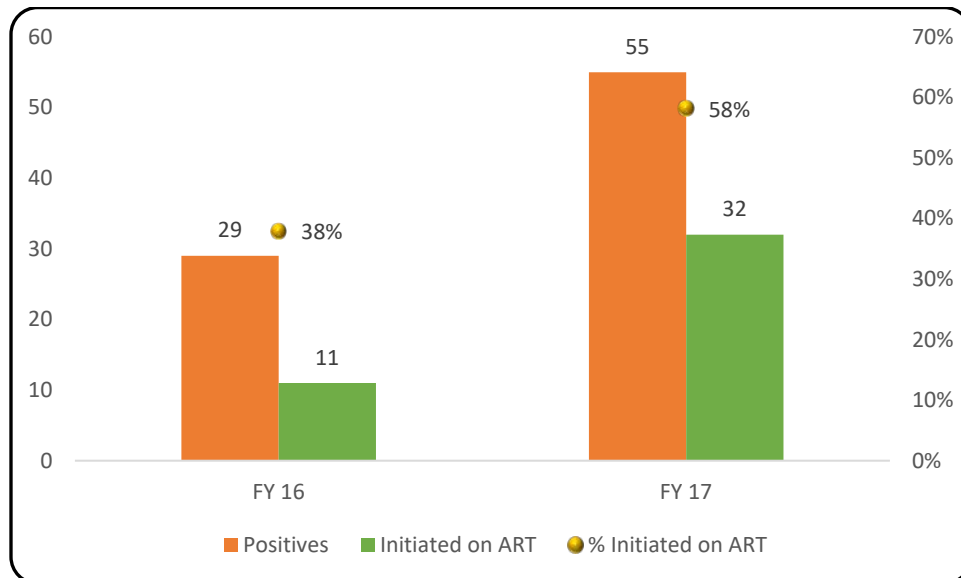


Figure 2. Clinical cascade for men who have sex with men

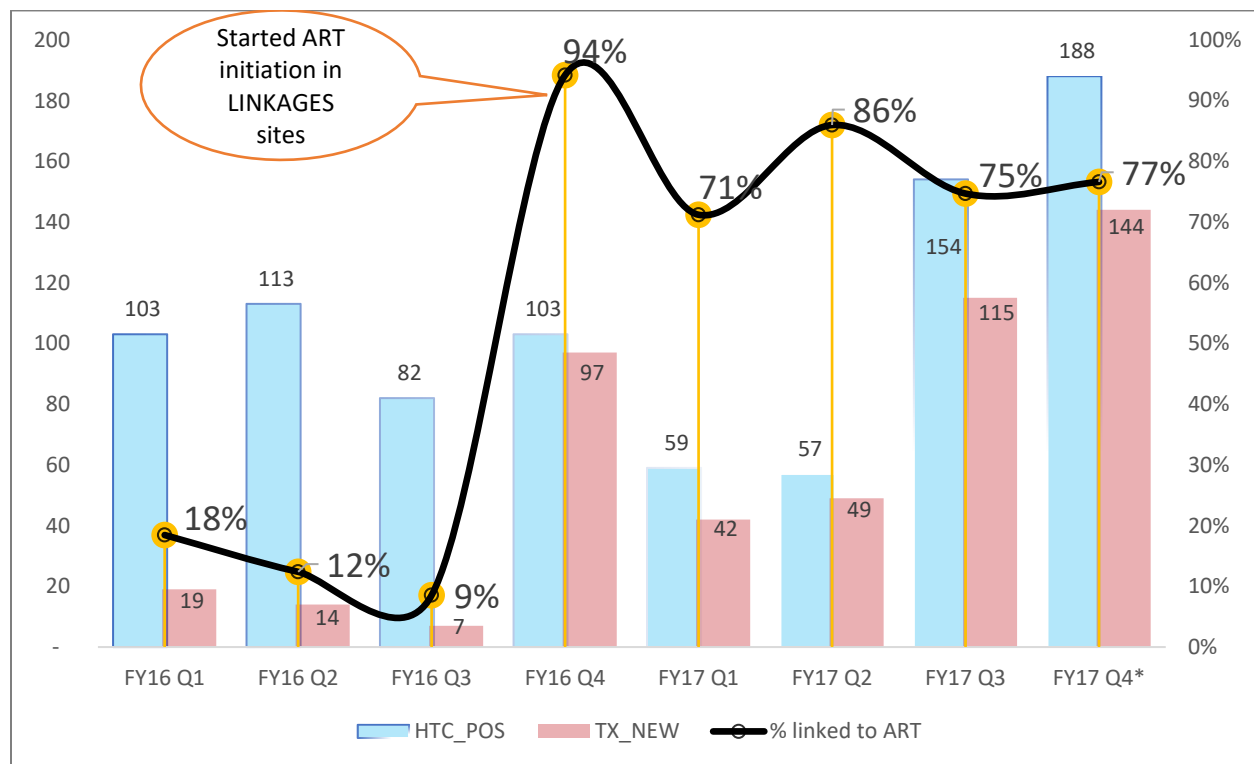


LINKAGES Haiti

The LINKAGES project in Haiti focuses on MSM and FSWs. Its goal is to improve access to and support for uptake of HIV prevention, testing, and care and treatment services for these KP groups. The program has scaled up access to ART among FSWs and MSM by integrating ART delivery within ten (three MSM and six FSW) existing KP-focused service delivery sites in the nine-month period from October 2016 to June 2017. Following the World Health Organization's recommendation and adoption by the Ministry of Health, all nine centers began implementing "test and start" in July 2016. A multidisciplinary health care team is available at the site level (medical doctors, nurses, lab technicians, psychologist, pharmacist, and social workers). This team is trained not only in HIV counseling, care, and treatment, but also on provision of KP-friendly services in order to ensure that KPs are able to access the existing services without fear of stigma and discrimination.

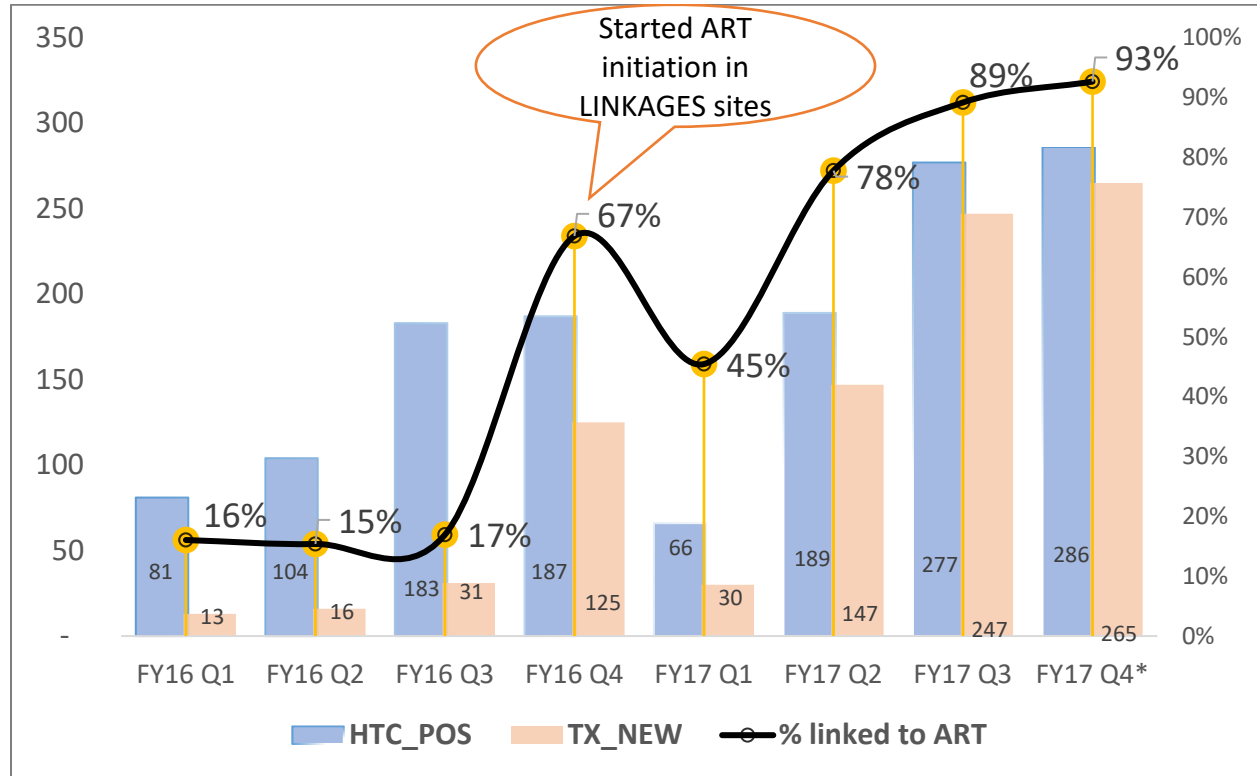
Three of the sites are operated by Fondation SEROVie, a KP-led organization that provides HIV prevention and HIV testing services, along with critical community engagement and empowerment activities. Before the introduction of ART services at these sites, MSM who tested positive at a SEROVie center or at a mobile testing drive were referred to other public and private ART sites. After the addition of ART services at SEROVie sites, the ART initiation rate among MSM improved from less than 18% to over 70%, even reaching 94% in one quarter (Figure 3). The increased ART initiation rate among MSM is due to the availability of ART at SEROVie, thus removing the need for referral and links to care and treatment at other health facilities.

Figure 3. Improved initiation on ART for HIV-positive MSM



The other six sites are operated by FOSREF, an organization providing services for FSWs. Before ART service was added to these sites, HIV-positive FSWs were referred to other public and private clinics for ART, and the percentage of FSWs initiated on treatment was less than 17%. After the addition of ART services at these sites, the ART initiation rate has been consistently over 45% and has been over 78% in the past three quarters (Figure 4).

Figure 4. Improved initiation on ART for HIV-positive FSWs



In the sites that did not previously have a safe space for KPs to conduct social activities and meetings, safe spaces were added.

In addition to ART provision at these centers, all nine sites offer community ARV distribution to HIV-positive FSWs and MSM to reinforce patient retention in treatment and care. Peer navigators are responsible for delivering the ART, and clients can receive an ARV supply for 2-3 months depending on their adherence. This strategy is mostly used by HIV-positive patients who cannot regularly come to pick up their ARVs because of the distance or their busy schedules.

LINKAGES Kenya

LINKAGES Kenya operates in 16 counties and provides a comprehensive package of services to FSWs, MSM, and male sex workers (MSWs) to reduce new HIV infections and extend the lives of those who are HIV positive. The implementation of differentiated ART service delivery in two settings has resulted in an increase of individuals being started on treatment.

The first example is about a collaboration between visiting clinicians and a drop-in center operated by Family AIDS Initiative Response (FAIR), a nongovernmental organization serving FSWs in Nakuru and Narok counties. At this drop-in center in Rongai subcounty, Nakuru, 124 HIV-positive FSWs access services.

FAIR works with the Ministry of Health (MOH) through the Rongai subcounty hospital. HIV-positive FSWs who visit the drop-in center used to be referred there for initiation of care and treatment. Due to the constraints of distance and FSWs' preference to access care at the drop-in center, the clinician now schedules one day a month at the drop-in center—usually to coincide with FSWs' psychosocial support group meetings—to attend to registered FSWs and dispense ART.

FSWs who are stable (have been on treatment for at least a year and are adherent to medication) are seen by the clinician each quarter, whereas those who are unstable (nonadherent, recently started ART, have a regimen change or a comorbid condition) are seen more frequently. Initially, FSWs requiring routine blood tests needed to go to the subcounty facility, but since October 2017 this has been done by the clinician at the drop-in center. The clinician transports the blood samples to the subcounty facility for testing and returns with results at subsequent visits. This differentiated service model started in November 2016 with 15 HIV-positive FSWs and now serves 50 FSWs.

In the second example, differentiated ART service delivery was integrated into existing KP-focused services at drop-in centers in four counties. Before the launch of differentiated services, the drop-in centers already had health care workers providing HIV testing and screening and treatment for sexually transmitted infections (STIs). With the introduction of differentiated services, LINKAGES Kenya now provides HIV treatment for KP members at five drop-in centers run by implementing partners in four counties: Bar Hostess Empowerment and Support Program (BHESP), Health Options for Young Men on HIV, AIDS, and STIs (HOYMAS), Keeping Alive Societies Hope (KASH), and International Centre for Reproductive Health-Kenya (ICRH-K).

The MOH accredited the drop-in centers, each of which is partnered with an MOH facility within the county, through which they obtain antiretroviral (ARV) drugs and reporting tools, and receive on-the-job training and mentorship from the county health management teams. ART initiation and refills for HIV-positive KP members are done at the drop-in center. Blood samples are collected at the drop-in center and sent to the MOH facility for testing and monitoring of viral load. Results are returned within two to three weeks. Under this model, 118 FSWs and 115 MSM/MSWs are receiving ART. Numbers are expected to grow, since these four facilities are now equipped to provide this service to their communities.

LINKAGES Malawi

In Malawi, HIV prevalence is 8.8 percent among the general population and much higher among key populations: 17.5 percent for MSM and 63 percent for FSWs. In addition, 24 to 34 percent of people do not know their HIV status, and an estimated 14 percent of those who know they are HIV positive are not yet on treatment.² However, data on the treatment gap among KPs are limited, and the prevailing structural barriers such as stigma and discrimination, a hostile legal environment, and unfriendly health care services point to a much higher gap. As one FSW explained during a support group meeting, “We would rather miss or buy ART from dubious sources than queue at an ART clinic within a hospital facility to avoid meeting our clients or potential clients who would in turn dump us if they see us at ART clinic.”



Figure 5. Ongoing peer education session at one of the Malawi drop-in centers

In response to concerns like this, LINKAGES Malawi collaborated with the government’s HIV/AIDS department and district health officers to develop and operate drop-in centers for FSWs and MSM in two of the project’s six operational districts. The services are provided by clinicians and nurses from government-run or private-sector health care facilities on specific days of the week and by LINKAGES clinical staff who are trained in service provision. The project also recruited peer navigators (HIV-positive FSWs) who volunteer to support their peers with counseling and adherence to ART. Apart from the use of the drop-in centers, people living with HIV are also recruited through other outreach service sites jointly supported and run by LINKAGES, the Ministry of Health, and other stakeholders.

Of the 1,278 FSWs on ART within the LINKAGES Malawi project in FY17, 66 percent were initiated and retained on treatment through the drop-in centers (Blantyre [487] and Mangochi [353]) and 34 percent through other facilities. At the drop-in centers, linkage to ART among those who tested HIV positive was 97 percent, with 100 percent still retained on treatment.

“LINKAGES offers an excellent and unique approach to delivering the HIV prevention, care, and treatment package to complement the traditional public health approach, but as a country we need to improve the comprehensiveness of our business so that we adequately reach out to all unique groups, including key populations, with HIV services.” -- Frank Chimbwandira, deputy director of HIV/AIDS Department, during a visit to some DICs

References

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LINKAGES@fhi360.org

www.fhi360.org/LINKAGES

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