



Delivering differently: Service delivery optimization to ensure sustainability of the HIV response: key questions

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Two questions

1. What service delivery related barriers exist for adoption and implementation once WHO approves a long-acting formulation for prevention and treatment, including service delivery cost (product, human resources etc)?
2. What are the unanswered questions in terms of service delivery of long-acting PrEP and long-acting treatment?

Factoring in different service considerations for long-acting injectables, devices (implants, MAP, etc), oral medicines and HIV broadly neutralizing antibodies (bnAbs)

I. Service delivery barriers for adoption and implementation of LA-ART & -PrEP: the challenge of being first

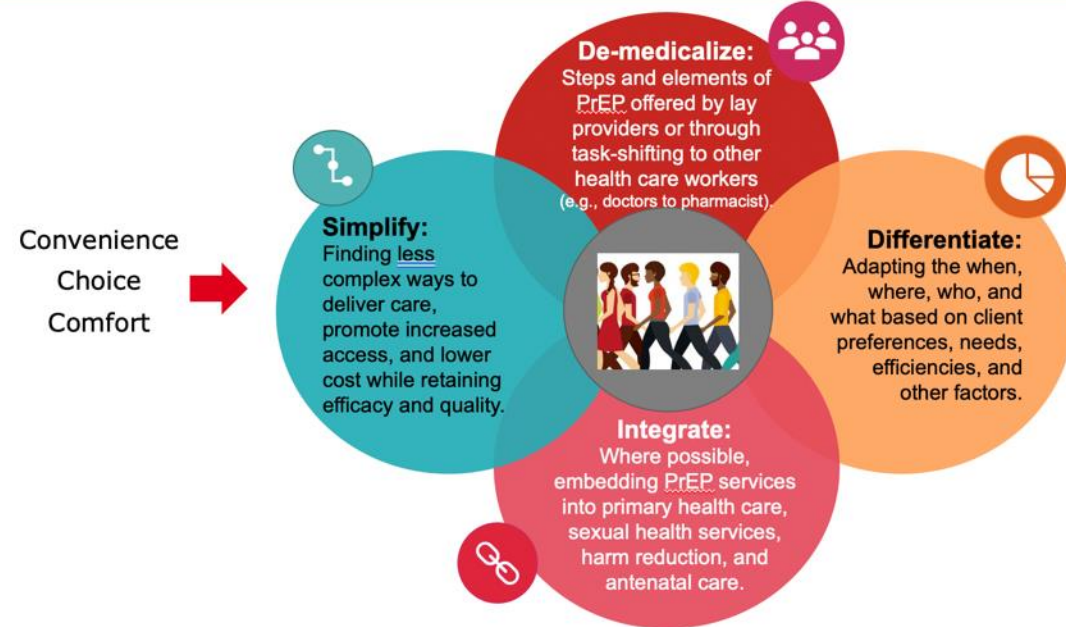
- **Not a demand problem?** Studies measuring strong demand for LA-ART and PrEP in LMICs and among a range of populations. Supply-side issues appear more of a challenge:

Challenges of LA-ART & LA-PrEP introduction and scale-up	Shorter duration LA injectables /devices	Longer duration LA injectables/ devices	Ring, LA Oral	bnAbs
1. \$\$\$\$	LAI currently far too expensive for most LMIC - \$\$\$\$	Cost-savings with longer LA options? \$\$\$	Less expensive? \$	\$\$?
?2. More clinic visits (vs current DSD models with 3-6 months dispensing)	Yes, every 2 months; “tethered” to clinic; robust scheduling & f/u	NA	NA	Yes
3. Additional provider training, approvals	Yes, significant; IM certification	Yes, significant	Yes, minimal	Yes, significant
4. Space for injection or transfusion	Yes	Yes	NA	Yes
5. Supply chain, storage (cold chain: LAI rilpivirine)	Yes	Yes?	No	Yes?
6. Oral lead-ins, managing the “tail”	Yes	Yes?	No	No
7. Specific population acceptability issues (injection site)	Yes	Yes?	No	Yes
8. Inter-individual variability in LA-ART pharmacokinetics	Yes for LAI-ART	Yes for LAI-ART	NA	NA
9. Managing adverse events, TB interactions	More complex for current LAI-ART and LAI in general	More complex for LAI in general	No	Maybe?
10. Increased risk of resistance	Yes, potentially	Yes, but less likely?	Yes, but less likely	Yes, potentially

II. Unanswered service delivery questions of long-acting PrEP and long-acting treatment?

- A decade of progress in differentiating ART services enables effective community-based service delivery and dispensing (via fast-tracking, peer-led, mobile, pharmacy-based, home delivery, tele-med, etc)
- For treatment, how to integrate different LA-ART products into existing client-preferred service models? How to address additional training/certifications, cold-chain requirements, effective scheduling and follow-up, and track potential resistance, etc.
- For prevention, how to build new products into existing service delivery platforms to optimize client choice and efficiencies, or inform new models of care (eg mobile services, engaging pharmacies)?

A framework for PrEP delivery: Differentiating, simplifying, integrating, and de-medicalizing PrEP



Ultimately, implementation science needs to identify ways to seamlessly integrate LA medicines into existing client-preferred platforms or to rapidly launch better models of care.

Example: Differentiated service delivery in action – how do we integrate different LA HIV medicines into population preferred service models?

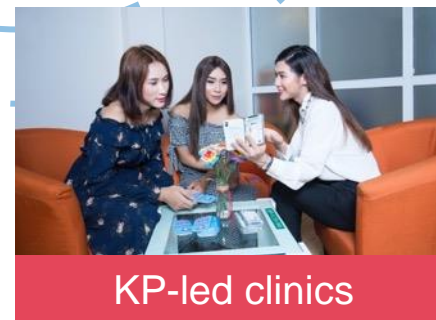


Mobile & home-based

PrEP service delivery preferences



Public HIV clinics



KP-led clinics

