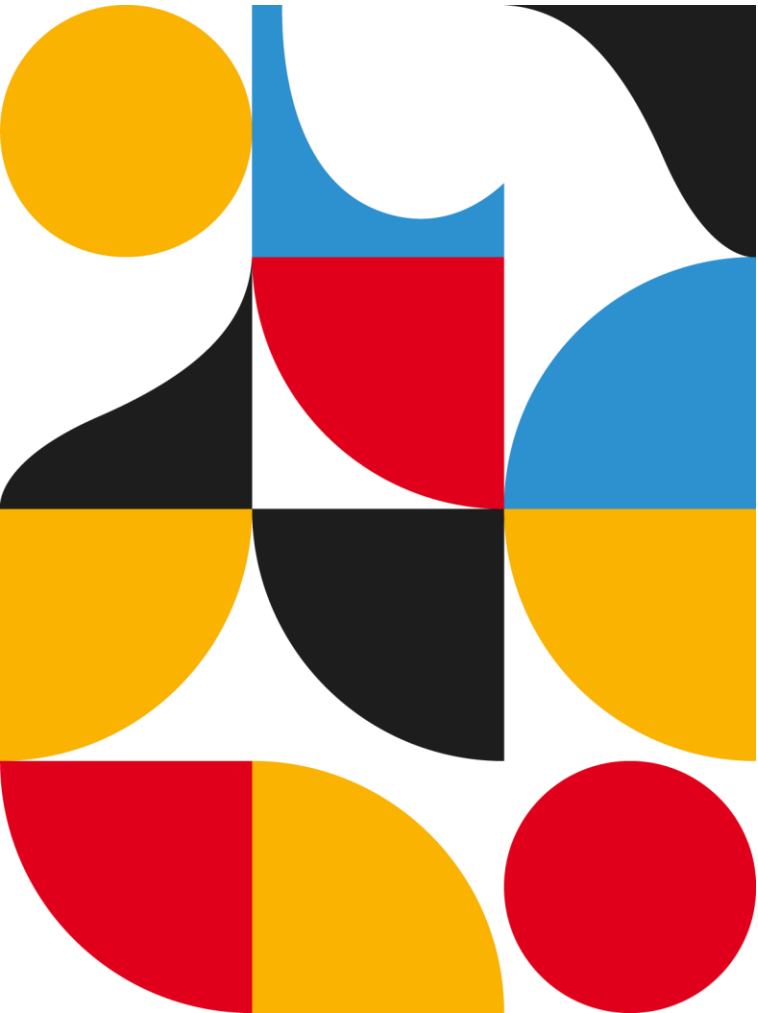




Prepared by the DSD team at IAS – the International AIDS Society

# A summary of the differentiated service delivery (DSD) science at AIDS 2024





Links to abstracts can be viewed by all users.  
The content is available to the public on our [website](#) and on [IAS+](#).

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# 1. DSD for testing



**Reaching online networks when social networks disappear: enhancing HIV testing in Ukraine through targeted online campaigns and mail order HIV self-testing programs amidst the Ukrainian-Russian war. Abstract 990.**

- To improve and sustain HIV case finding in the context of war, implementation of targeted online advertising campaigns for HIV self-testing (HIVST) kits.
- **Methods:** Online advertising, enhanced digital communication strategies and intensive client engagement utilizing various platforms associated with key population interest and use
- **Results:** The online campaign increased HIV testing awareness and HIVST and the high click-through rate and cost per click demonstrated a success in reaching key populations.

### Conclusion

- Programme's success during wartime highlights the importance of digital health initiatives for maintaining HIV services.
- Future strategies should emphasize expanding targeted digital approaches to ensure continuous support and accessibility in unstable environments.
- Online promotion and engagement with HIVST can provide testing options for key populations in remote/volatile settings.

[Abstract here](#)



# AIDS 2024

## Adapting HIV testing in wartime Ukraine: continuous evolution of differentiated service delivery models for key and priority populations. Abstract 5239.

- The Community Action for HIV Control project supported 22 local NGOs in 15 regions in Ukraine to design and implement HIV case finding initiatives for key and priority populations through 60 DSD models.
- The project found that the implementation of DSD models proved to be an effective and feasible strategy for sustaining HIV case finding

### Recommendations

- Disseminate best practices and lessons learned, and scale up adaptable approaches to other regions
- Ongoing M&E to refine the DSD models
- Integration of additional services such as humanitarian aid screening on NCDs, GBV, and mental health services to enhance reach and impact

FIGURE 1. Dynamics of HIV Testing delivery results through the implementation of DSD models

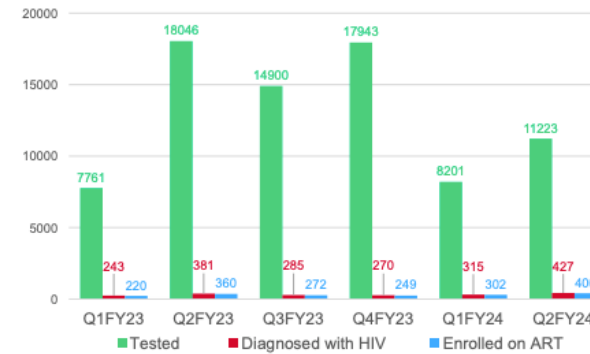


FIGURE 2. Distribution and yield of HIV Testing among key and priority populations (Q1FY23-Q2FY24)

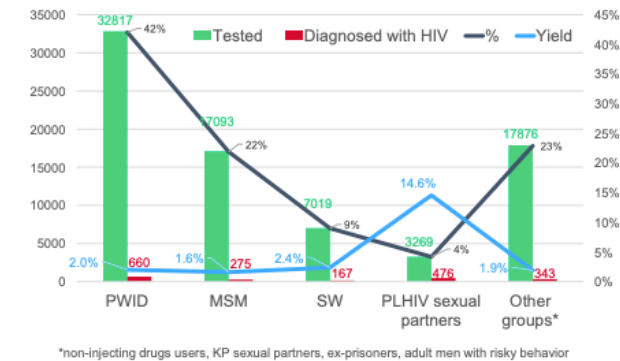


FIGURE 3. Index Testing results among key and priority populations (Q1FY23-Q2FY24)

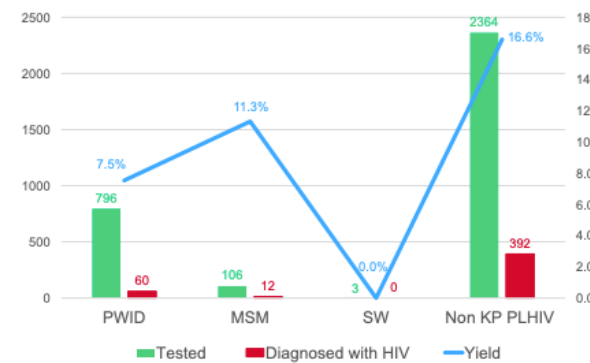
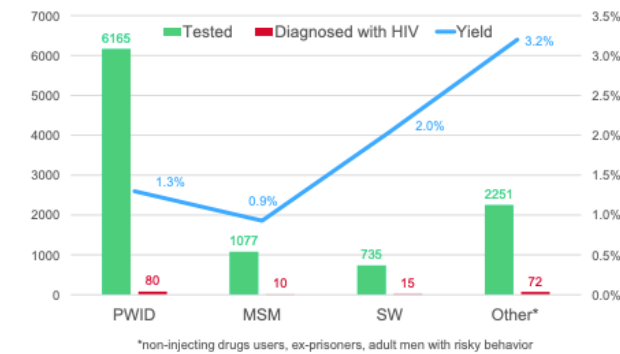


FIGURE 4. Risk Network Referral results among key and priority populations (Q1FY23-Q2FY24)



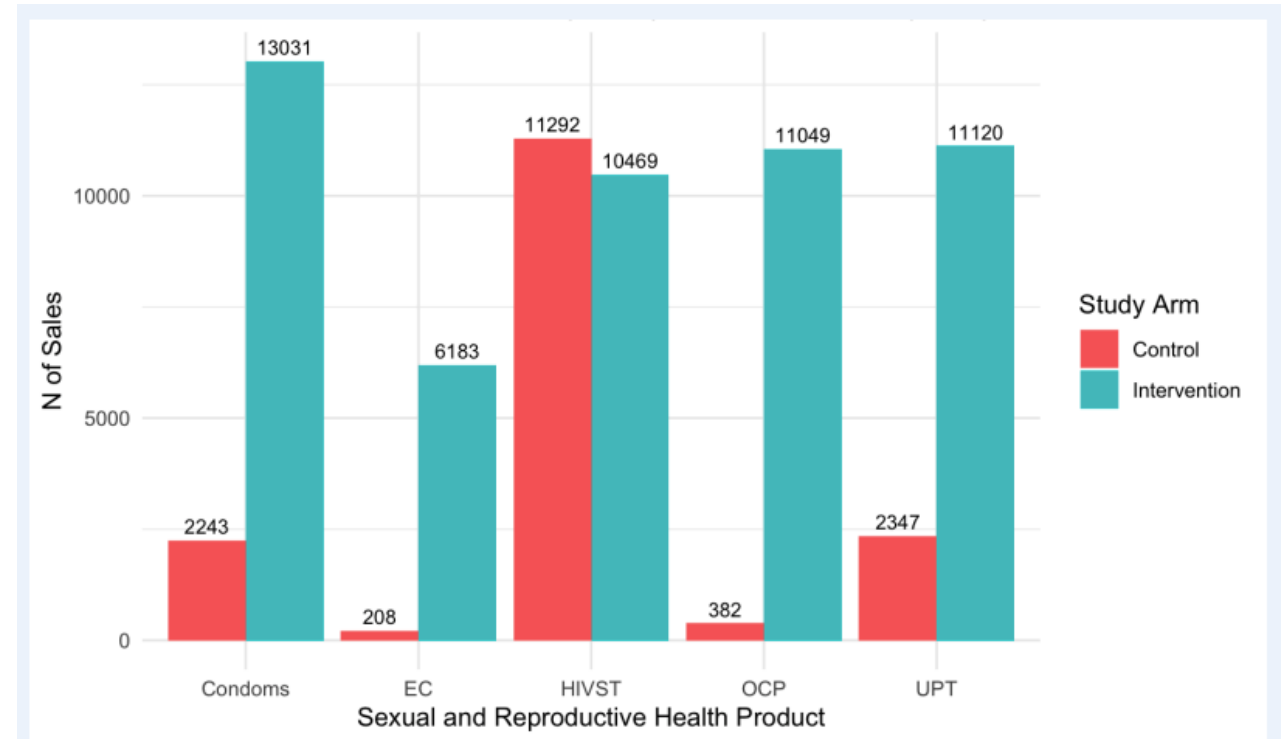
[Poster here](#)

**Distribution of SRH products and HIV self-tests to adolescent girls and young women enrolled in a girl-friendly loyalty club: midline results from the AmbassADDOrs for Health cluster randomized controlled trial. Abstract 7677.**

- A cluster randomized control trial of 157 small drug shops in 41 wards within Lake Zone, Tanzania to study their potential as a venue for the differentiated service delivery of SRH and HIV prevention products to adolescent girls and young women.

**Conclusion**

- Distribution of SRH products from the intervention shops were higher but not HIVST kits
- High distribution of HIVST kits signals a high demand among adolescent girls and young women to obtain their kits from drug shops and the willingness of shopkeepers to facilitate access



**▲ FIGURE 2: Cumulative sales of SRH products by study Arm, ADDO Study, July '22-Dec '23**

[Poster here](#)

**Increasing access of women who inject drugs (WWIDs) to harm reduction services through women-specific/led intervention: A successful differentiated service delivery model in Nepal. Abstract 8535.**

- Implementation of women-specific NSP services through a drop-in center (DIC) in Lalitpur District, Nepal.
- The DIC integrated primary healthcare services, including free health check-ups, SRH services, abscess treatment, referrals for legal aid, and testing and treatment of STI and hepatitis C.
- **Results:**
  - A total of 214 women who inject drugs were reached, which is 21 more than the National Center for AIDS and STD Control estimates of women who inject drugs in the district.
  - NSP site has been recognized as a best practice in Nepal by funding partners and the government of Nepal.

**Conclusion**

Women who inject drugs can effectively be reached through women-specific services, therefore scaling up these models is crucial



**AIDS 2024**

- The EpiC project developed a community strategy for testing at female sex worker hot spots, prioritizing extensive testing for men in and around the hot spots.
- Data from October 2022 – September 2023 was compared to determine the case-finding rates among the female sex workers and their men who purchase sex clients.

### Conclusions

- The community coverage strategy found a very high case-finding rate among men who purchase sex
- The provision of high numbers of HIV-positive men with whom index testing will be conducted to reach additional sexual partners and children

## Integrated HIV testing program for female sex workers and their male clients: A community coverage approach to reach men who purchase sex beyond the “regular partners”. Abstract 8775.

TABLE 1. Case-finding rates in community versus index testing approaches among FSWs and MWPS clients

Community HIV screening/test				
	HIV negative (FSW hot-spot strategy)	HIV negative (self-test)	HIV positive	Case-finding rate
FSWs	21,983	1,041	1,221	5.04%
MWPS	24,074	788	1,615	6.10%

Index HIV screening/test				
	HIV negative (index testing)	HIV negative (self-test)	HIV positive (index testing)	Case-finding rate
FSWs	888	0	281	24.0%
MWPS	983	0	324	24.8%

**Our community strategy successfully reached men frequenting areas of high FSW activity and offered them comprehensive HIV testing services.**

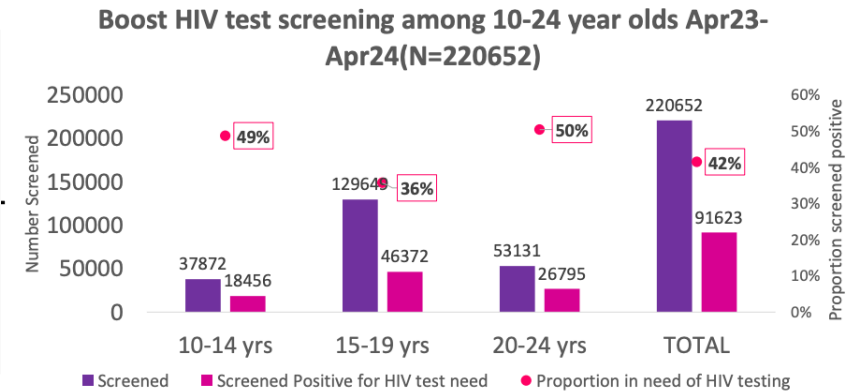
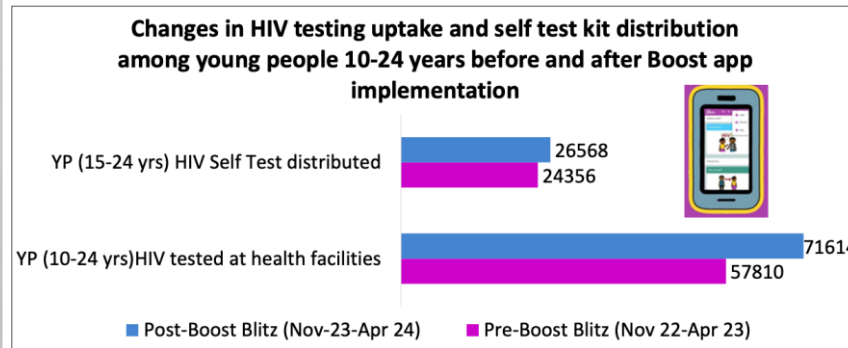
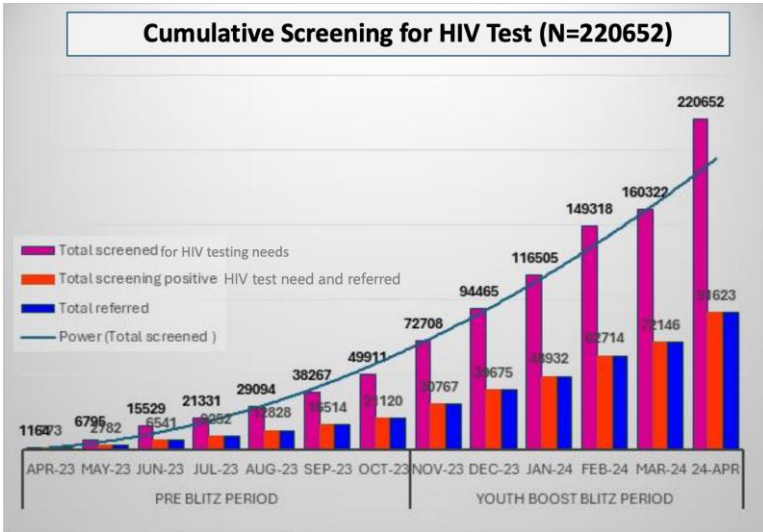
[Poster here](#)

**Boosting community-based screening and referrals for HIV testing using digital applications: a first 95 game changer for young people? Abstract 10008.**

- A mixed-methods approach to evaluate HIV test screening outcomes and referrals by community health workers (CHWs) using Boost, a digital application for evidence-based screening algorithms and referral mechanisms for HIV, STIs and mental health disorders for young people 10-24 years old, using Data from 134 health facilities in Zimbabwe.

### Conclusions

- The use of digital job aides by CHWs demonstrates a feasible and acceptable approach to reach young people vulnerable to HIV acquisition
- The success of community-based screening emphasizes the importance of having differentiated strategies for specific age brackets and sex
- Digital tools can improve the delivery of community-based health services and increase access to HIV testing for young people, particularly those facing barriers to healthcare

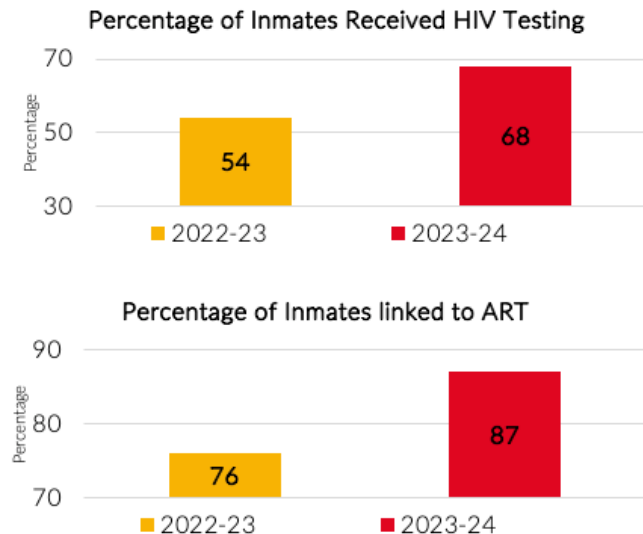


**Breaking the barriers: opportunities for integrating HIV testing with other services for incarcerated population. Results from Plan India's Prison and OCS intervention funded by GFATM in 13 Indian states. Abstract 9152.**

- In collaboration with state and central government, Plan India introduced an Integrated HIV prevention service along with STI, Hep-B, Hep-C and TB for the incarcerated population in 357 prisons and 218 Other Closed Settings since September 2022, focusing on inmates under trial.

### Conclusions

- Results indicate a substantial impact within the prison setting due to the integration of HIV and other priority disease screenings
- Advocacy with Government departments and collaboration with prison officials resulted in ensuring increased identification and early linkage of HIV positive inmates



- 01 297 HIV Positive inmates with high risk behavior were linked to targeted intervention projects after release
- 02 193 HIV positive inmates were linked with Care and Support Centers (CSC) after release
- 03 36 Spouses/ partner of HIV positive inmates received HIV screening (Consented)
- 04 32 Post release linkages with Social welfare, Social entitlement etc.





# 2. DSD for PrEP / prevention

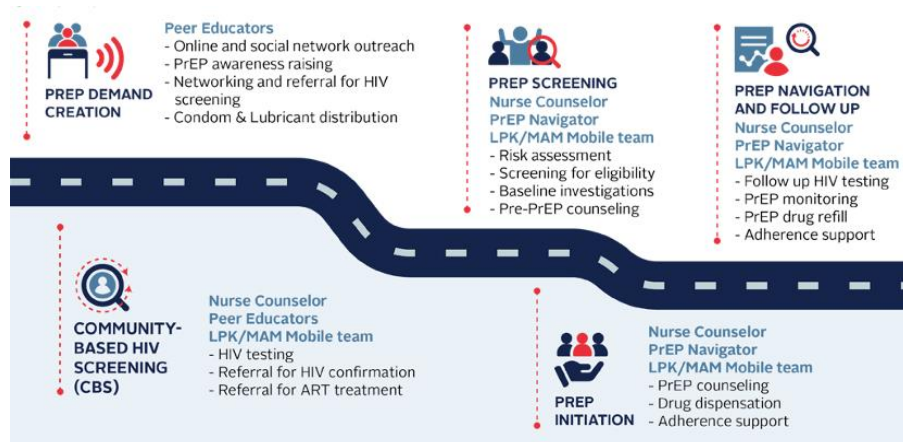
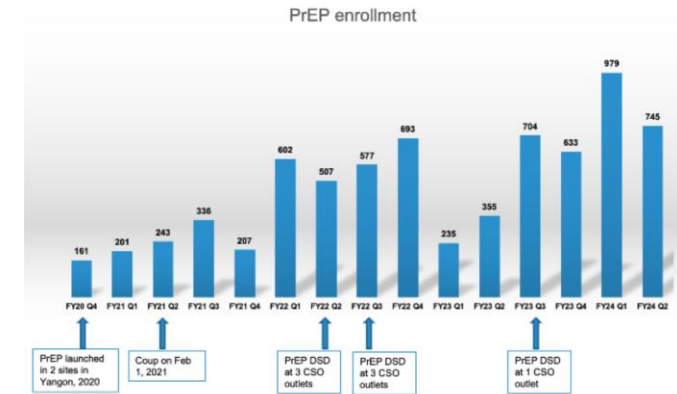




# AIDS 2024

## Differentiated service delivery of PrEP with key population- led organizations in Myanmar. Abstract 12272.

- Expansion of PrEP delivery with key population-led CSOs to improve availability and strengthen the role of the organizations in HIV service provision.
- Established PrEP distribution points at six key population-run community outlets in collaboration with three CSOs and a fourth Cso collaboration for the provision of PrEP to female sex workers.
- Results:
- From February 2022 to March 2024, 1,600 clients were initiated for PrEP in Yangon
- Key population-led CSOs improved client enrollment and PrEP service provision through the community outlets



### Conclusions

- Key population-friendly community outlets provide more options and enhance key population access to PrEP
- This model improves the capacity of key population CSOs and institutionalizing and expanding the model will improve PrEP coverage among key population in Myanmar

**Aligning key population HIV prevention service preferences and coverage in Vietnam: findings from a national private sector engagement assessment. Abstract 6455.**

- A mixed-method assessment involving an HIV private-sector engagement (PSE) readiness and coverage benchmarking and a services use, preferences and willingness to pay (WTP) study in 11 highest HIV burden provinces among 3060 key population from May to October 2023.
- **Results:**
  - Only five out of the 58 provinces assessed were identified as having high to very high HIV/PHC-related private sector service (PSS) coverage and 36% of provinces had no PSSs at all.
  - Two provinces were identified as representing combined strong PSE readiness and high coverage of PSS.
  - 70.5% and 72.2% of key population preferred key population-led clinics for PrEP and PEP, respectively, followed by the public sector and then general private clinics or hospitals.
  - 79.2% of key population reported WTP for PrEP and 68.2% for PEP. Of those, 51% of men who have sex with men reported being able to pay the average commercial price for PrEP (drugs, tests, exam), while only 6.9% of person who inject drugs, female sex workers and transgender women were able to do the same.

**Conclusion**

- The assessment demonstrated a significant mis-alignment between key population service preferences, access to PSSs and WTP for preferred services
- As donor funding decreases, partial-subsidy models that lower HIV prevention costs will be needed, along with efforts to reduce the final price clients pay for commercial services

## Peer-to-Peer key population-led organizational capacity building to scale differentiated HIV service delivery in Asia. Abstract 1704.

- Using a continuous quality improvement approach, four Key Population-Led Health Service (KPLHS) organizations in Thailand — the Institute of HIV Research and Innovation (IHRI), MPLUS, Rainbow Sky Association of Thailand (RSAT), and Service Workers in Group Foundation (SWING)— conducted capacity-building workshops and consultations for several organizations throughout Asia.
- Lesson learned:** Since 2020, this collaboration facilitated HIV service scaling, with more than 1,262 service providers and CHWs trained, resulting in HIV service uptake

### Key achievements



In Laos, IHRI, MPLUS, and other organizations collaboratively launched PrEP services in 2021, incorporating national guidelines and conducting virtual telehealth trainings during the COVID-19 pandemic. MPLUS partnered with Community Health Inclusion Association (CHlas) to target online demand generation for PrEP and has enrolled 1,197 clients<sup>2</sup> since the launch. Additionally, RSAT supported CHlas to expand its outreach program to key populations engaging in chemsex.

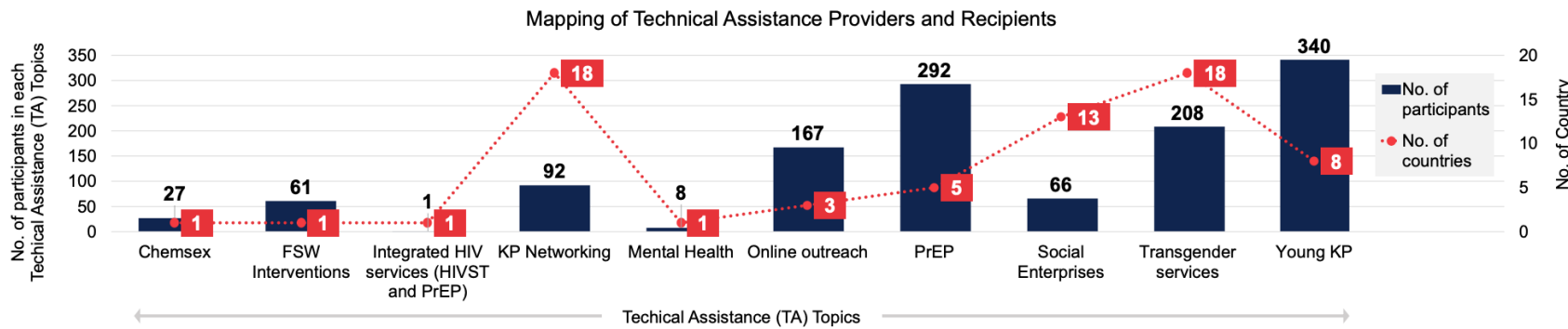


SWING collaborated with Population Education Development Association (PEDA) in Laos to develop the PEDA Spot electronic mapping tool in FY22, facilitating routine mapping updates and identifying 968 additional female sex workers in 153 hot spots<sup>3</sup> for HIV testing.



In Burma, IHRI provided virtual technical assistance to Lan Pya Kyel (LPK) during COVID-19 to enable the establishment of two transgender-specific clinics, Ma Baydar and Daisy, through a consultative process with the transgender community to design their own services. These clinics now conduct HIV testing for more than 2,000 transgender women annually<sup>4</sup>.

FIGURE 1. Number of Participants in Capacity Building Activities by Technical Assistance Topic



### Conclusion

South-to-south collaboration among Asian KPLHS organizations and other implementers can efficiently boost HIV innovation scale-up in culturally and socially similar countries.



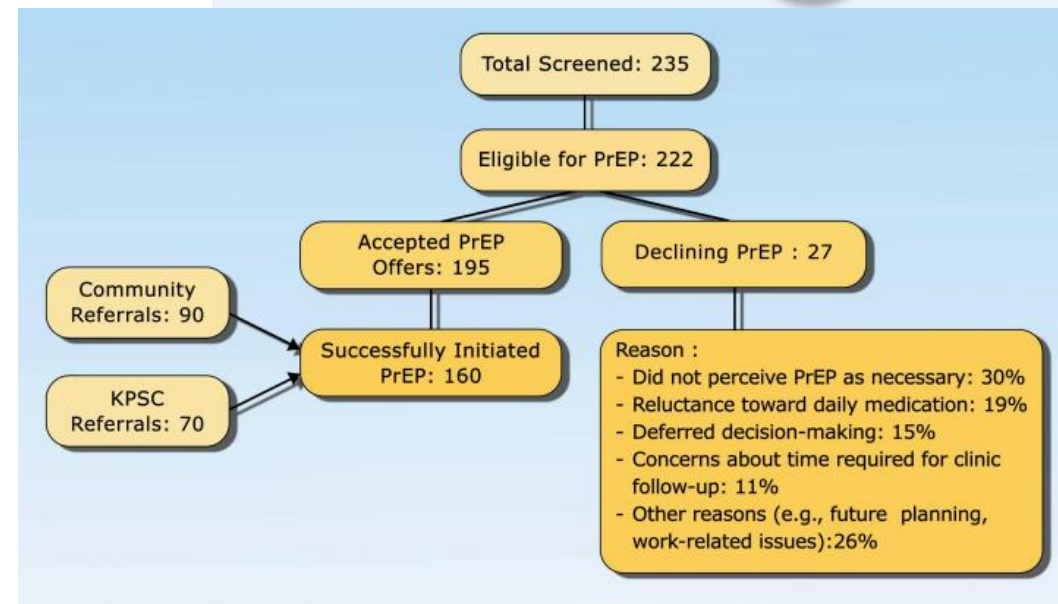
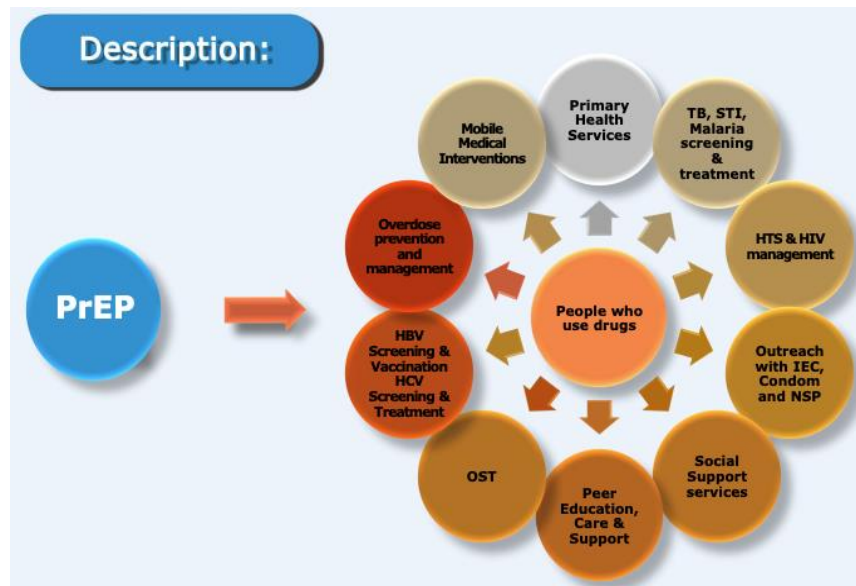
## AIDS 2024

# Myanmar's experience on PWID centric PrEP access in harm reduction initiatives. Abstract 2020.

- In 2023, the Asian Harm Reduction Network launched a PrEP demonstration project among people who inject drugs with a DSD approach in Waingmaw and Lashio, Myanmar.
- **Key takeaways:**
  - Tailoring community engagement is essential for PrEP acceptance among people who inject drugs.
  - Addressing misconceptions about PrEP can improve uptake.
  - Adapting service delivery models to accommodate individual needs and concerns is crucial.

### Conclusion

- There is a need for ongoing community engagement and tailored education to address non-acceptance of PrEP
- Findings emphasize the importance of having flexible service delivery models that are tailored to the unique needs of people who inject drugs to optimize PrEP accessibility and acceptance



**The Anti-homosexuality Act 2023 dilemma: Innovative adaptation approaches to accelerate Pre-exposure Prophylaxis (PrEP) access and uptake among Lesbian, Gay, Bisexual, Trans, Queer (LGBTQ+) and other sexual minorities in Uganda. Abstract 5559.**

- In August 2023, Villa Maria Hospital discreetly engaged LGBTQ+ communities in Kampala and suburbs to develop masked, differentiated, person-centred approaches to intensify PrEP awareness, access and uptake within LGBTQ+ secret shelters.
- 14 LGBTQ+ shelters were identified, 298 LGBTQ+ people were mobilized. Overall, PrEP awareness was high (71%) but initiation was low (29%) among HIV negatives.

### **Conclusion**

Innovative approaches tailored to personal and community contexts may enhance uptake of PrEP among LGBTQ+ and other high homophobic settings.

### **Lessons learned**

Willingness to use PrEP was higher among those 25 years old and above

Participants suggested preference of longer-acting PrEP such as injectables

Secrecy of location, engagement of LGBTQ+ leadership and service integration were cited as primary reasons for increased PrEP uptake



**Choice matters! Youth-led research in Uganda on acceptability, preferences, and feasibility of HIV pre-exposure prophylaxis (PrEP) and family planning (FP) integrated models of care. Abstract 6726.**

- The Ministry of Health, PATH and adolescent girls and young women peer researchers applied human-centred design to co-create integrated PrEP and FP service delivery models tailored to adolescent girls and young women preferences and needs in Uganda.
- 128 in-depth interviews from 60 adolescent girls and young women, 24 public and 24 private health care providers, 10 policymakers, and 10 community leaders plus 4 focus group discussions with adolescent girls and young women and FP and PrEP providers were collected from May to September 2023.
- **Results:**
  - Participants favored integrating PrEP within existing FP services through a range of integration models
  - Participants recommended models like: midwives at public facilities, community health workers, and pharmacy-based PrEP/FP services.
  - Participants recommended policy and workflow changes to enable comprehensive PrEP delivery through the various models

*“Because [public health facilities] don’t charge us money to get services from those facilities, which is not the case with the private health facilities which charge money to get services.”*

*– Young Woman, Nakasongola*

*If I can come to hospital and I receive my PrEP and injection (for contraception) then I can save on transport.”*

*– Young woman, Masaka*

## Conclusion

By addressing potential challenges, differentiated PrEP-FP models could lead to increased uptake and cost efficiencies, thus improving choice, agency, and health

[Poster here](#)

**Informing differentiated prevention services using HIV vulnerability profiles among adolescent girls and young women in Lesotho: A population based cross-sectional latent class analysis. Abstract 6926.**

- Secondary analysis of adolescent girls and young women ages 15-29 who enrolled in the Lesotho Population-based HIV Impact Assessment 2020, through a Latent Class Analysis, a person-centred regression analysis that considers relationships between variables to identify profiles within the population.
- **Results:**
  - 86% of the sample size of 3,464 adolescent girls and young women were HIV negative
  - Across all age groups, HIV vulnerability profiles could be described as a low vulnerability, parous, and high vulnerability.

Figure 2: By 5-year age groups: Vulnerability profile and HIV prevalence

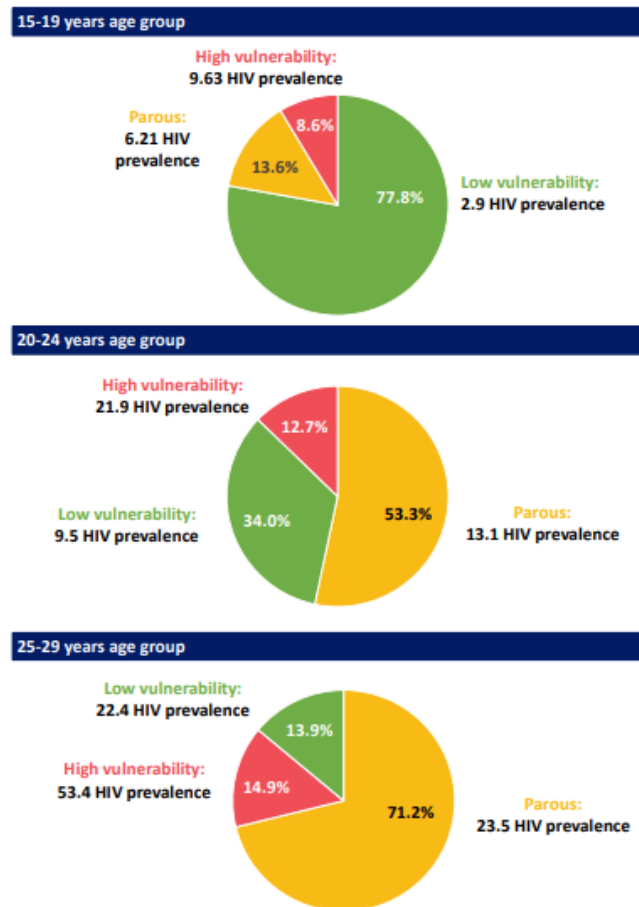
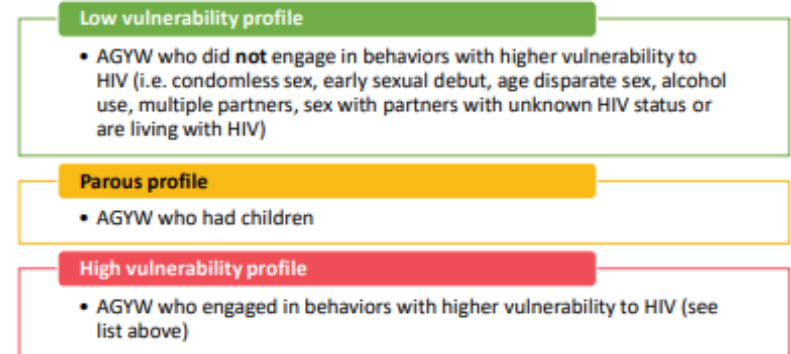


Figure 1: Vulnerability profile definitions



**Conclusion**

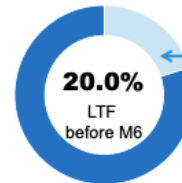
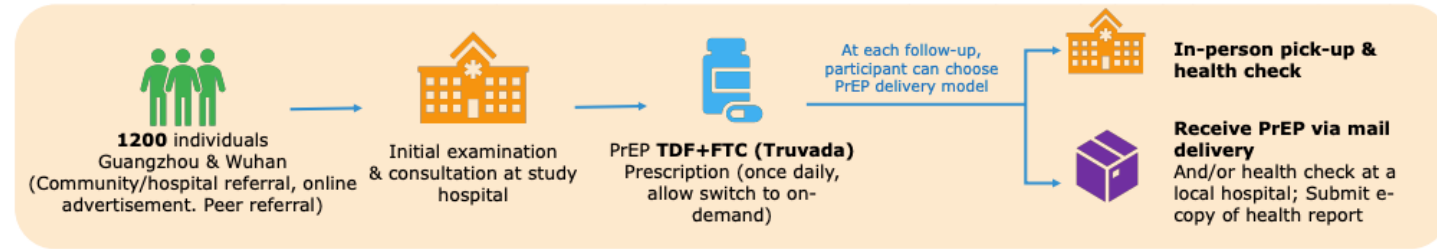
- No single behaviour change will reduce new HIV infections, instead adolescent girls and young women require comprehensive sexual health programming
- Programming will be most effective if aimed at adolescent girls and young women 15-19 years old or younger



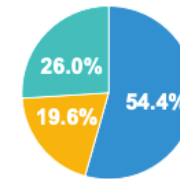
## AIDS 2024

- Men who have sex with men in Wuhan and Guangzhou were recruited to a 12-month PrEP demonstration trial.
- Generalized linear mixed-effects and logistic regression models were used to assess key outcomes.
- Results:
  - By September 2023, 945 men who have sex with men were enrolled
  - No sociodemographic characteristics were found significantly associated with postal PrEP usage
  - About half of the participants self-reported using event-driven PrEP

## In-person pick-up versus postal delivery: PrEP service and its association with adherence and retention among Chinese MSM. Abstract 6950.



76.7% LTF used only in-person PrEP  
23.3% LTF used at least once mail PrEP  
0.0% LTF used only postal PrEP



54.4% used only in-person PrEP  
19.6% used only postal PrEP  
26.0% used both in-person and postal PrEP

Table 1. Main predictors of LTF (n=945, logistic regression model)

Predictors	LTF %	aOR	95% C.I.
Age	-	0.91*	0.88-0.95
PrEP delivery	Ever used postal PrEP	10.4	0.17* 0.11-0.27
	In-person only	28.0	ref
Monthly Income	<5K RMB/month	18.5	0.55* 0.31-0.97
	>10K RMB/month	18.3	ref

Note: In Tables 1 & 2 insignificant covariates omitted. aOR=adjusted odds ratio.

Table 2. Main predictors of good adherence (GA) (n=713, GLMM)

Predictors	GA % M6	aOR	95% C.I.
Age	-	1.08*	1.01-1.16
PrEP delivery	Mixed delivery	91.3	0.59 0.30-1.31
	Postal PrEP only	85.8	0.70 0.29-1.69
	In-person only	94.6	ref
PrEP dosing	Event-driven PrEP	83.8	0.11* 0.05-0.24
	Daily PrEP	97.2	ref
Condom use	Seldom/never use	85.0	0.34* 0.17-0.66
	Use condoms	92.1	ref

### Conclusion

- Participants who used postal PrEP were less likely to be lost to follow-up compared to those who used in-person PrEP only
- Postal PrEP delivery has the potential to increase PrEP persistence by increasing accessibility
- Need for research into diversifying PrEP provision models while maintaining high adherence and quality of care





## AIDS 2024

- The EpiC project in Ghana, Eswatini, and Lesotho implemented PrEP to prevent HIV acquisition among female sex workers and men who have sex with men in both community and facility-based settings.
- Routine EpiC programmatic data from October 2022 – June 2023 from three countries was analyzed to compare PrEP initiation and refills in community vs facility sites.
- Results:
  - Overall, 83.6% of key population initiated PrEP in the community and 16.4% initiated in the facility, with a slight variation among female sex workers and men who have sex with men.
  - The odds of returning for first refill was 1.5 times, second refill 1.4 times, and third refill 0.9 in the community versus facility.

## Key Population's Preferences in Initiating and Continuing PrEP in Community- or Facility-Based Settings within three Sub-Saharan African Countries. Abstract 7362.

TABLE 1. Comparison of PrEP initiation in community and facility settings

		% initiated in Community n=3913 (%)	% initiated in Facility n=770 (%)	% initiated All (N=4683)	P value
Population	FSW (N=2,376)	(86.1)	13.9%	50.7%	p<0.001
	MSM (N=2,307)	(81.0%)	19.0%	49.3%	
Age	<=24yrs (N=2,135)	84.5%	15.5%	45.6%	p=0.113
	25+ yrs. (N=2,548)	82.8%	17.2%	54.4%	
Country	Eswatini (N=2,593)	90.7%	9.3%	55.4%	p<0.001
	Ghana (N=773)	71.9%	28.1%	16.5%	
	Lesotho (N=1,317)	76.3%	23.7%	28.1%	

TABLE 2. Odds of PrEP refill by population and service point

Service sites	First refill			Second refill			Third refill		
	FSW	MSM	Total	FSW	MSM	Total	FSW	MSM	Total
Facility (n=770)	ref	ref	ref	ref	ref	ref	ref	ref	ref
Community (n=3913) OR (95% CI)	0.9 (0.8-1.2)	2.2 (1.8-2.8) *	1.5 (1.3-1.8) *	0.8 (0.6-1.1)	2.4 (1.6-3.4) *	1.4 (1.1-1.8) *	0.6 (0.5-1.6)	0.9 (0.6-1.5)	0.9 (0.6-1.3)

\*Significant

### Conclusion

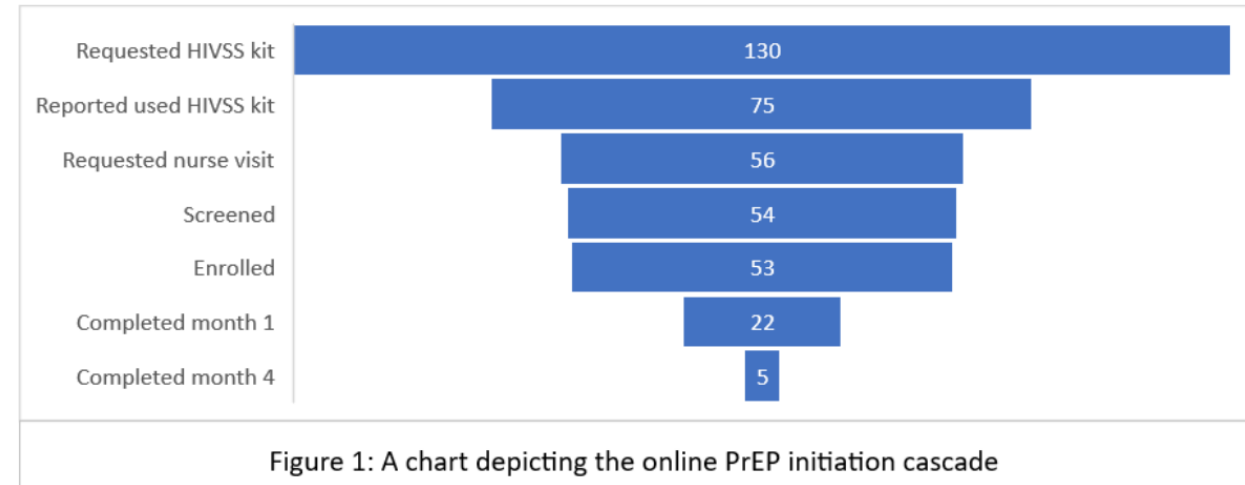
- Key populations from the three countries are more likely to access PrEP services in community sites
- Offer DSD models to improve initiation and usage over time and to meet the needs of population subsets.
- There is a need to expand community-based PrEP services for key populations



**AIDS 2024**

**Interim results from an online pre-exposure prophylaxis (PrEP) pilot for men and women in Gauteng province, South Africa. Abstract 7509.**

- In July 2023, King Online, an online vending company with a history of providing sexual wellness products launched an end-to-end PrEP platform to customers for 13 months.
- Results:
  - A total of 53 customers have initiated PrEP, with 22 returning at month one and 5 at month 4.
  - A total of 42 are new PrEP initiations, 34 are male, 39 are black and the mean age is 32 years.
  - 75% of participants do not have a steady sexual partner, 79% have a tertiary education with 85% earning more than the national minimum wage.
  - At screening, 34 participants reported condomless sex.



**Conclusions:**

- Online PrEP is feasible, acceptable and HIV self-testing can support maintenance on PrEP
- Need to streamline the model based on user experiences for larger scale implementation

[Abstract here](#)



**AIDS 2024**

## Opportunity for differentiated service delivery to improve PrEP retention among MSM in Kenya. Abstract 7524.

- A cross-sectional study to assess perceptions of PrEP service delivery and explore perspectives on DSD for men who have sex with men enrolled in PrEP care in Kenya.

### Conclusion

- Men who have sex with men receiving PrEP services want friendly, confidential, and quick refill visits
- Men who have sex with men PrEP clients are interested in DSD models at both facility and community levels
- HIV prevention programs should modify PrEP service delivery for men who have sex with men by implementing DSD to tailor refill to fit individual needs and remove barriers to access and retention

Figure 1: PrEP collection frequency among MSM

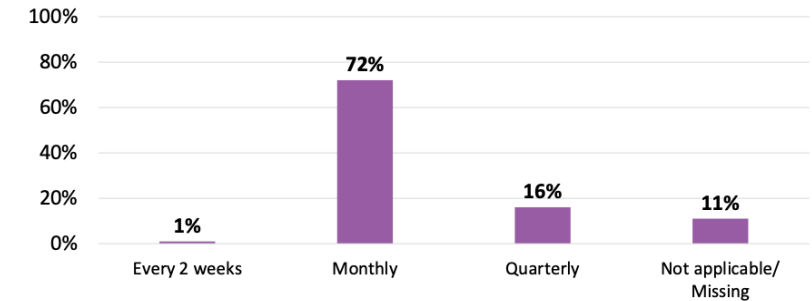


Figure 2: Factors making PrEP refill a good experience among MSM

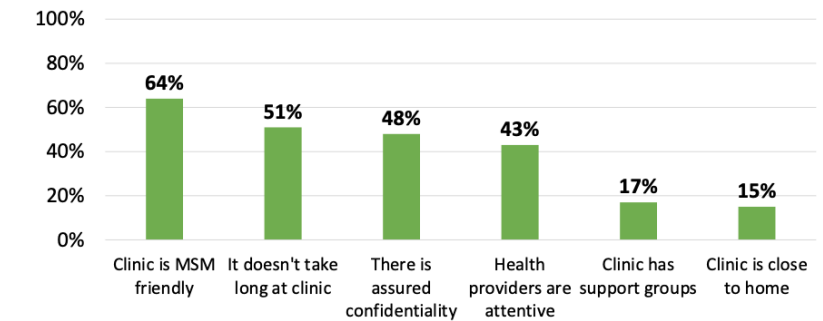
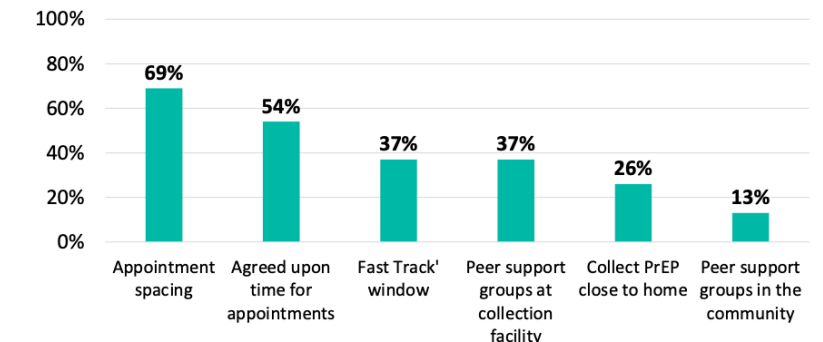


Figure 3: Factors making PrEP refill a good experience among MSM



**Community pharmacy initiated and management of oral pre-exposure prophylaxis (PrEP) among men and women at substantial risk HIV acquisition in South Africa: Interim results. Abstract 7992.**

- Interim results after 6 months of implementation of the PPrePP-SA project, implemented in three metropolitan cities in South Africa to evaluate the acceptability and feasibility of pharmacy initiated and management of PrEP.
- **Results:**
  - A total of 745 participants were screened with 87% (653) initiating on PrEP; 91% (594) were PrEP naïve.
  - PrEP continuation at month 1 was 42% (275) and 6% (39) at month 4.

[Abstract here](#)

## Conclusion

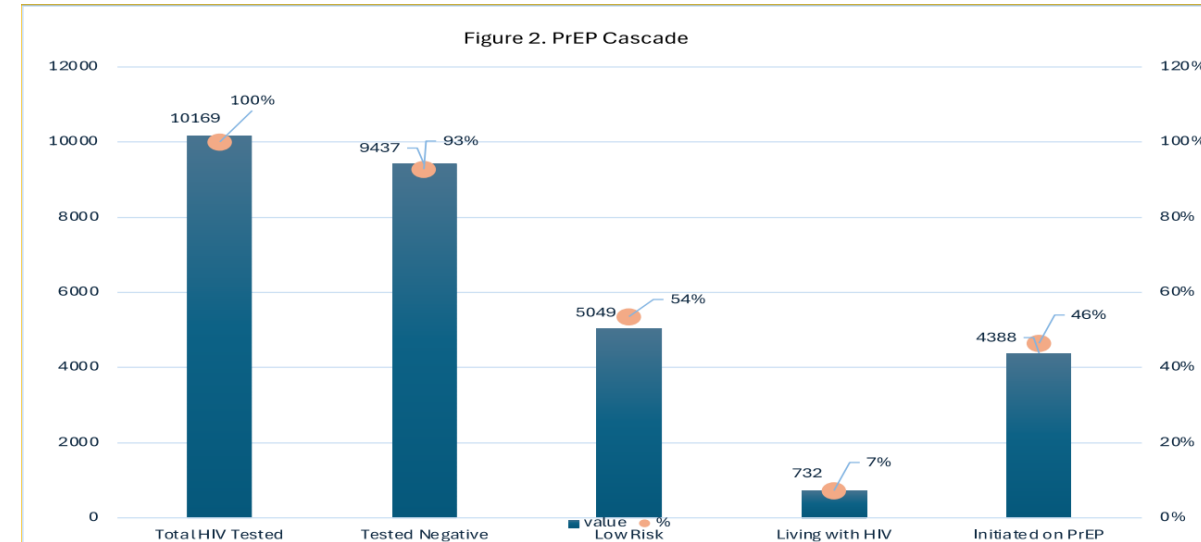
- A programme linking PrEP-candidates highly vulnerable to HIV acquisition, identified within well-prepared local pharmacies can potentially expand South Africa's PrEP coverage among women and men highly vulnerable to HIV acquisition.
- Pharmacy-delivered PrEP has the potential to reach populations that do not access clinical facilities and should be considered as an option for PrEP differentiated service delivery.



## USAID CHEKUP I partnership with public health sector for community-based delivery of PrEP to adolescent girls and young women in the DREAMS program: Opportunities and challenges. Abstract 8138.

- The USAID CHEKUP I DREAMS programme established 37 community-based DREAMS centers across 7 districts to improve convenience and accessibility to PrEP among adolescent girls and young women
- **Lessons:**
  - From October 2022 to September 2023, 10,169 adolescent girls and young women vulnerable to HIV acquisition were tested for HIV, of which 9,437 tested negative and 4,388 were initiated on PrEP.
  - While PrEP initiation was high at 93.6%, continuation at subsequent refills declined to 52.7% at the second refill and 26% at the third.
  - Seroconversion was low at 0.1%, highlighting DREAMS' efficacy in reducing HIV acquisition.

[Poster here](#)



### Conclusion

- Community-based delivery of PrEP is vital to improve uptake among population groups that may not readily access conventional government health facilities for PrEP services
- PrEP sensitization, adherence support, and family communication are critical for sustained access
- Injectable PrEP introduction may alleviate stigma and reduce the pill burden



## Strengthening National Monitoring and Evaluation Systems for Community HIV prevention in Zimbabwe. Abstract 9439.

### AIDS 2024

- In 2019, the Zimbabwe National AIDS Council in partnership with Oslo University sought to strengthen a community focused monitoring and evaluation system embedded within Zimbabwe's Demographic Health Information System (DHIS2).
- **Lessons learned:**
  - DHIS2 enhances M&E capabilities for Zimbabwe's National HIV prevention program, providing access to data across the HIV cascades to support decision-making at community, district, provincial, and national levels.
  - It generates a unique identifier for each individual client to maintain confidentiality.
  - The system enables client registration, assesses risk levels for targeted HIV prevention efforts, records data on specific HIV prevention sessions with peers, and facilitates linkage to differentiated HIV prevention and treatment services.

#### Conclusion

- Need to strengthen harmonization and interoperability of all DHIS2 user platforms
- Routine training of community peers that collect data should be embedded in local technical experts for program sustainability
- Need for improved device management strategies for the mobile devices deployed in an environment with power challenges, erratic internet connectivity and high risk of data and device loss.

**Structured group-based community model facilitates oral PrEP continuation among key and vulnerable populations in Dar es Salaam, Tanzania. Abstract 9511.**

- A comparison of structured group-based community model (SGBCM) outcomes to a non-structured group-based community model (NSGBCM), to support PrEP refill among key and vulnerable populations
- A retrospective analysis of refills within SGBCM and NSGBCM for clients initiated from October 2022 - June 2023 to understand patterns of PrEP continuation in the first, second, and third-months post-PrEP initiation.

**Conclusion**

DSD involving SGBCM improves PrEP continuation and could be included as an effective strategy in community programs

Service sites	First refill				Second refill				Third refill			
	FSW	MSM	AGYW	All	FSW	MSM	AGYW	All	FSW	MSM	AGYW	All
NSGBM	ref	ref	ref	ref	ref	ref	ref	ref	ref	ref	ref	ref
SGBM OR	13.7	8.6	11.1	12.1	19.6	22.9	14.3	19.8	15.3	25.0	57.9	19.8
(95% CI)	(10.0-17.3)*	(5.9-12.4)*	(7.5-16.6)*	(10.2-14.4)*	(14.7-26.3)*	(14.5-37.2)*	(8.7-24.4)*	(15.9-24.7)*	(11.3-21.2)*	(15.1-43.5)*	(19.1-285.7)*	(15.5-25.8)*

**Lessons learned:**

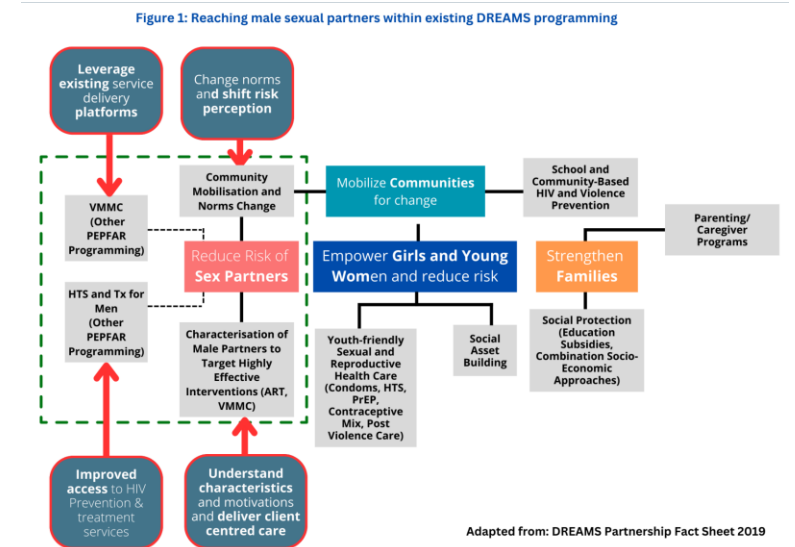
- 4,790 clients-initiated PrEP (3,933 under SGBCM, 857 under NSGBCM)
- Within SGBCM, 83% refilled one-month post-initiation, 75% second month, and 65% third month. In the NSGBCM, 28% refilled one-month post-initiation, 13% second month, and 9% third month.
- The odds for returning for at least one month demonstrates strong evidence that refill rates are better within SGBCM compared to NSGBCM

[Abstract here](#)



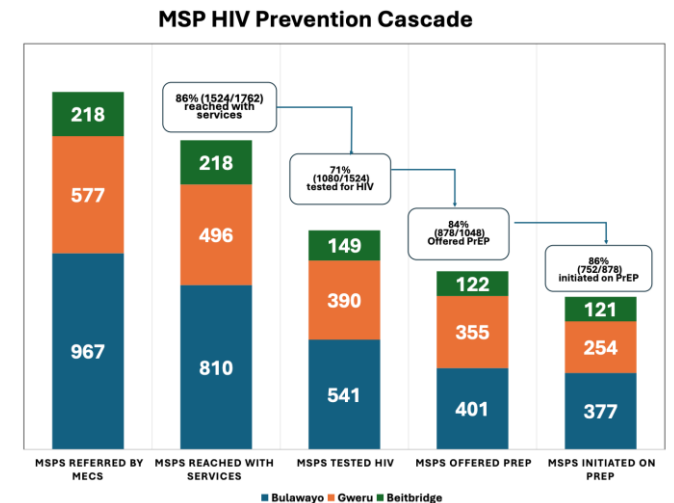
# Using male engagement champions to reach male sexual partners of female sex workers with HIV prevention interventions: Learnings from a demonstration project in 3 districts in Zimbabwe. Abstract 9537.

- A differentiated HIV intervention to improve access and uptake of HIV services of male sexual partners in three districts in Zimbabwe.
- Results:
  - 1,524 out of the 1,762 referred male sexual partners were linked to clinical services and 1,080 tested for HIV.
  - 1,048 HIV negatives were screened for PrEP, 84% were eligible and offered PrEP with an uptake of 72%.



## Conclusion

- Services for male sexual partners required context-specific adaptation for increased access
- Uptake of HIV prevention options was high, particularly oral PrEP
- Next steps: Scale up to all program sites and further develop and document model





**Barriers and facilitators to daily oral PrEP uptake and adherence among youth in a clinical trial to evaluate community-based biosocial HIV prevention and sexual reproductive health in rural South Africa. Abstract 10109.**

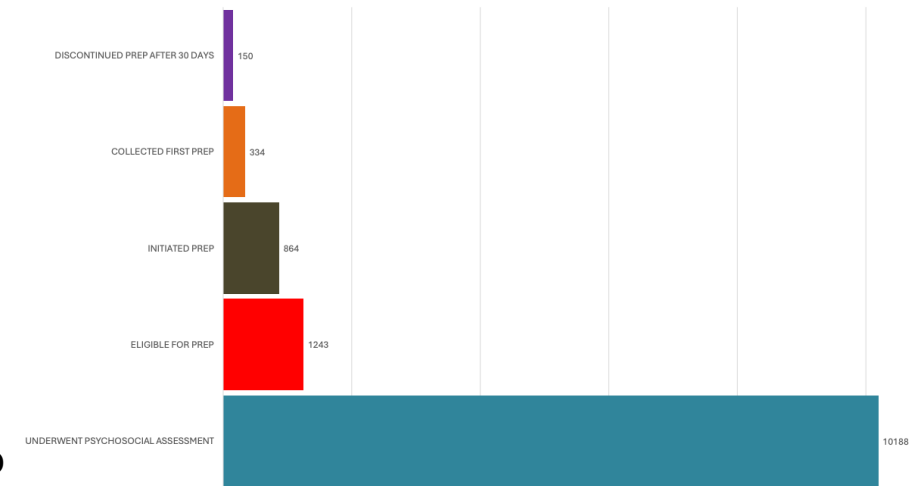
- A mixed methods approach to evaluate the acceptability and uptake of daily oral PrEP among males and females aged 16-30 years old participating in the trial.

**Results:**

- Of those initiated 38.7% returned for the first PrEP refill, while 17.3% discontinued PrEP use after 30 days.
- Factors facilitating uptake and retention included health promotion from peer navigators, risk perception of HIV transmission due to multiple partners, experiencing minimal to no side effects, adherence support, and a desire to be in control of own health.
- Those who discontinued cited barriers including migration, forgetting to recollect, stigma associated with using PrEP, pill burden, and side effects.

*I was able to continue with PrEP because my siblings and my parents would remind me. One of my siblings is also on chronic medication so we would remind each other to take our treatment at a certain time everyday" (IDI 25-year-old female, received PrEP and returned for follow-up collection).*

*"I like that one (injection) more than the pill, I was really excited about it as I tend to forget the pill. I would prefer the 6-month one, taking an injection every month is a problem as well. Maybe it is because it's long active in the blood, I don't need to go back for it each and every month. Maybe the 6 months tablet and the 6 months injection. I prefer the injection." (IDI 19-year-old male, received PrEP and did not return for follow-up collection)*



**Conclusion**

- Peer delivered psychosocial needs assessment to tailor health promotion and support can facilitate the uptake and acceptability of daily oral PrEP among young people
- Barriers including usability, palatability and context discourage uptake and retention



**AIDS 2024**

## **Employing Differentiated Peer-Led Social Behavior Change Communication Channels to promote Condom Utilization for HIV Prevention. Abstract 10541.**

- The Program for Accessible Health Communication and Education (PACE) executed the Differentiated Condom Demand Generation and Last-Mile Distribution challenge from March to December 2023, targeting Adolescents and Young Persons (AYPs) and Key Populations in Kampala, Busia, and Yumbe districts with the goal of overcoming barriers to condom use and enhance accessibility.
- **Lessons learned:**
  - The analysis of 883 endline survey responses indicated that 70% of participants expressed satisfaction with the availability of condoms.
  - Establishing collaborations with the private sector emerged as a sustainable approach to ensuring a consistent supply of condoms.
  - The active involvement of peers in co-designing activities proved instrumental in tailoring condom messages to the audience.

### **Recommendations**

- Expanding the Peer-Led Differentiated Condom Demand Generation campaign, involving CSOs for sustainable delivery, and leveraging social media extensively for condom messaging
- It is important to continue efforts to address persistent barriers and promote positive sexual health behaviors among target populations

**Caring for young carers: co-conceptualising, implementing and adapting psychosocial and clinical support for young PrEP peer navigators in semi-urban Western Cape, South Africa. Abstract 11016.**

- A description of an initiative to support peer navigators (PNs) which is part of a study "FAST-PrEP": scaling differentiated PrEP provision for 15-29 year olds in Klipfontein and Mitchell's Plain, Western Cape, South Africa.
- **Lessons learned:**
  - PNs consider their "responsibility to educate adolescents" an important task and meaningful job that serves their community.
  - Prospective PrEP users recruited by PNs face multiple barriers in completing the PrEP cascade at facilities, including limited and noncontinuous testing, counselling and prescribing services.
  - PNs perceive a low level of respect for the contributions PNs make to optimising clinic flow and integrating HIV and SRH services.
  - PNs experience social anxiety, face rejection from prospective PrEP users, and secondary trauma risk from responding to emergency referrals outside of the scope of their role.

### Conclusion

- Peer workers can be considered "experience-based experts" that can shape design of PrEP programming but need continuous training, routine supportive supervision, and psychosocial support.
- Need for a co-designed, structured training and psychosocial support plan, as well as a strengthened supportive supervision and integration process at health facilities

# Integrating peer-led mental health interventions into adolescent sexual and reproductive health (SRH) services: design perspectives from adolescent mental health service providers and researchers. Abstract 11553.

- Formative qualitative research conducted to explore adolescent mental health provider and researcher perspectives on how best to integrate a mental health intervention into the FastPreP model.
- **Results:**
  - Despite numerous environmental drivers of mental illness, intervening at the individual level remains important for developing ability and skills to respond to external stressors.
  - Recommendations included building problem-solving and interpersonal skills, and developing emotional regulation, in combination with stress management and alcohol and drug education.
  - Leveraging the differentiated service delivery platform of FastPreP to offer multiple venues and varying levels of intervention to suit adolescent needs

"...this is the environment we're living in and yes, we should change it, but in the meantime we can actually, you know young people can kind of make it through quite a lot if they have that sort of immediate positive social support from caring adults and most young people do not have that." - NGO service provider

"So, you know, if we think about problem solving and we think about recognizing that I need support, but also understanding where I can find support is part of that problem solving procedure." - AMHR

"Interpersonal skills is a very big one. Adolescents being able to speak to each other, rely on each other and support each other and actually... positively communicating with others. I think that is such a big step for them right now in this moment also for their lives" - NGO service provider

"The emotional regulation is so key because of their developmental stage" - AMHR

"I can't quite remember the literature on this, but if you look at where most people say effectiveness is reached, they would have at least 4 sessions" - Clinical psychologist and AMHR

"I think one thing we know about young people is that they're very influenced about well, how their peers either think about them or just think about things in general and and hearing or listening to the perspectives of other young people who you may not be aware of facing similar challenges to you just how they support themselves, I think is incredibly valuable." - AMHR

"So I will definitely say that a group setting would be more effective because there'd be opportunities for peer learning and shared experience" - AMHR



FastPreP delivery model

## Conclusion

- The need for flexible delivery options and varying levels of intervention to address the diverse and changing mental health needs of young people emphasized
- Input from adolescents will be vital to further inform intervention development



# 3. DSD for treatment

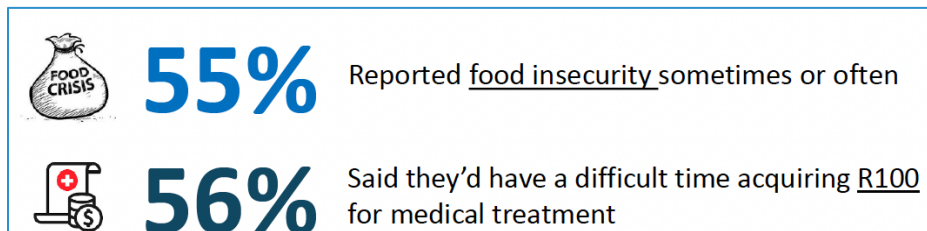
## Client experiences of and preferences for HIV care delivery during the first six months on antiretroviral therapy in South Africa., Mutanda, N et al.

**Question:** Are client needs and preferences for HIV service delivery being met during the early treatment period?

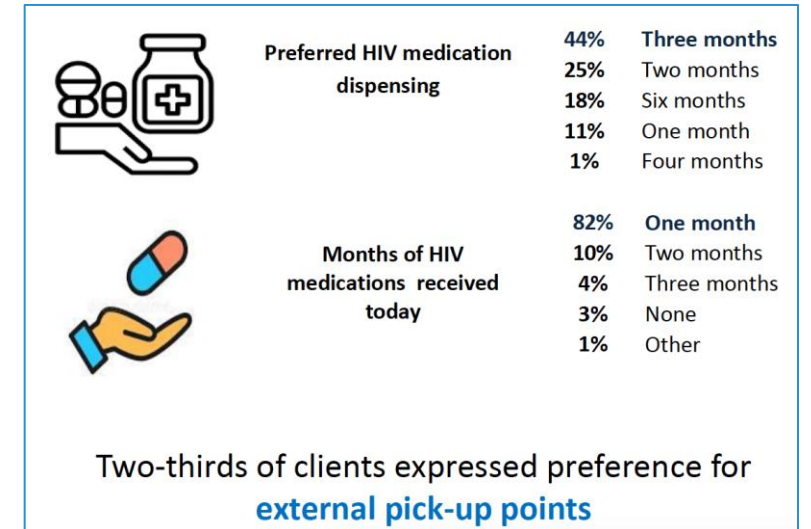
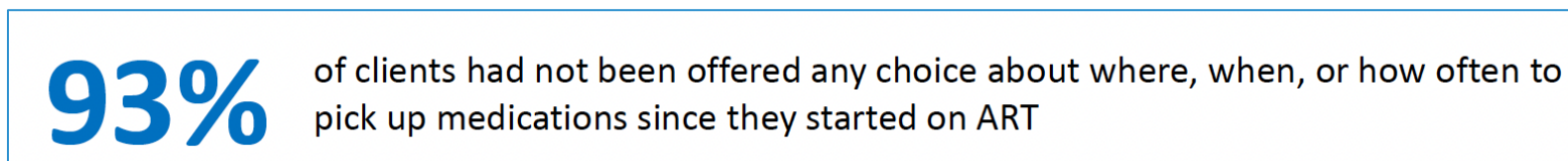
### Methods

- Surveyed a sample of clients from 18 facilities at 0-6 months after ART initiation or re-initiation in South Africa between Sept 2022- June 2023
- Focus group discussions (FGDs) with a subset a year later

### Results



1/2 clients want more information and counselling



### Conclusion

Service delivery models for the early treatment period could be adapted to address client preferences

[Abstract here](#)



**Time matters: leveraging longitudinal, person-centered data to understand interruptions and re-engagement in HIV treatment in Malawi from January 2020 to September 2023. Abstract Number 1265**

**Objective:** Understand frequency and duration of interruptions in treatment (IIT) in Malawi ( $\geq 28$  days late for ART visit)

**Design:**

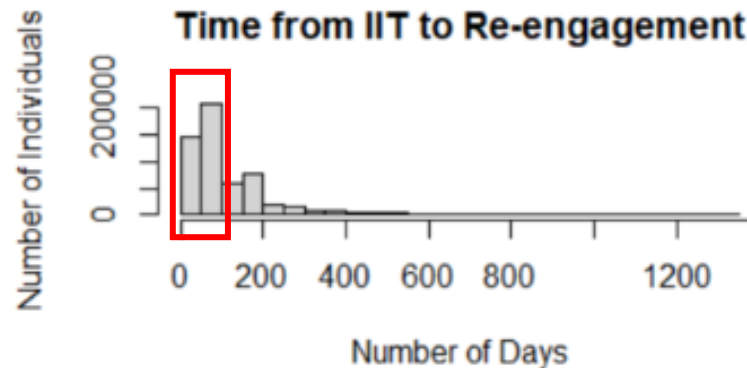
- Review of national data from Jan 2020- Sept 2023
  - N=1,145,215 ART clients reviewed

**Findings**

- 60% of ART clients experienced IIT
  - 81% re-engagement in care
  - **Majority returned within 100 days**
    - 82% re-engaged in care within 6 months
    - 13% re-engaged between 6-12 months
    - 4% re-engaged between year 1 and 2

[Poster here](#)

**Among those with IIT**



IIT Time Period	n (%)
> 28 days to $\leq$ 6 months	463,415 (82.4)
> 6 months to $\leq$ 1 year	72,452 (12.9)
> 1 year to $\leq$ 2 years	21,862 (3.9)
> 2 years	4,949 (0.9)

**Conclusion**

Over 80% of individuals identified as IIT returned within 6 months of their missed appointment

**Exploring Differentiated HIV Service Delivery for Men Who Have Sex with Men in Africa: A Kenyan Qualitative Study. Abstract 1728.**

**Question:** What is the the applicability and acceptability of differentiated HIV service delivery models among men who have sex with men (MSM)?

**Methods:** In-depth interviews and focus group discussions

**Results:**

- Distinct challenges faced by MSM in accessing and engaging with conventional HIV services
- Preference for differentiated service delivery models that account for the socio-cultural contexts and stigmatization faced by the MSM community
- Factors influencing acceptability included confidentiality, cultural sensitivity, and the integration of comprehensive healthcare services.

**Conclusion**

Need for a more targeted and culturally sensitive approach to address the unique challenges faced by this population.

[Abstract here](#)



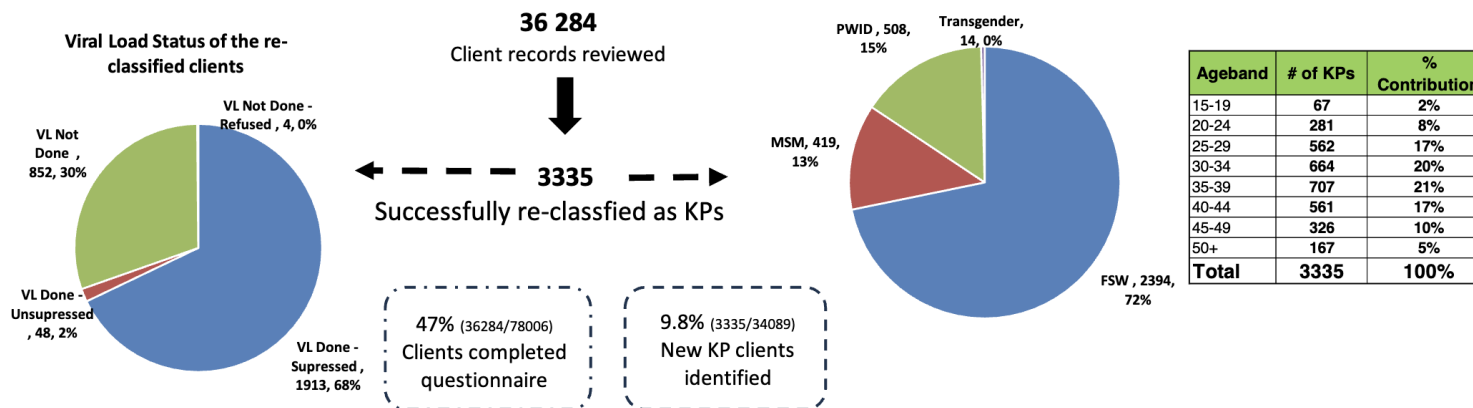
## Facilitating Safe Disclosure of Key Population Identities to Optimize HIV Differentiated Service Delivery in Harare, Zimbabwe in Harare, 2022-2023. Abstract 2752.

- Key population reclassification exercise: Facilitating safe disclosure of key population status among treatment cohort at 21 public healthcare facilities in Zimbabwe to optimize HIV care
- **Methods:** used an adapted screening questionnaire supported by community facilitators (CFs) to assess key population status
- **Results:** Screening 36,284 clients and identified 3,335 (9.8%) as key population members. Offered these clients key population services and linked them with CFs.

### Conclusion

- Provision of differentiated, client-centered key population services within public sector health settings requires person-specific tools administered in a confidential, non-judgmental manner to elicit sensitive information to guide care.
- Previously unidentified key populations had not been receiving tailored services whilst in care, including key population with unsuppressed VL

**Figure 1: KP Reclassification Exercise of Clients on ART October 2022 to September 2023**



**Favorable retention in care outcomes among persons receiving ART via a decentralized pharmacy dispensation differentiated service delivery model in Mozambique: A retrospective cohort study in Mozambique. Abstract 3268.**

- Retrospective cohort study to assess pharmacy (public and private) ART collection DSD model on retention compared to standard of care (SOC)

**Methods:** Retrospective cohort with a 3:1 (propensity score) matched population (matched for time on ART, sex and health facility) from three urban health facilities

**Results:**

- Included 3,276 adults. 12-month retention was 88% among those in the pharmacy model vs. 79% for those in the SOC.
- Those in the pharmacy model were twice as likely to be retained as 12-months (aOR 1.91, 95% CI 1.51-2.42) compared to SoC and 73% reduction in risk of loss to follow-up (HR: 0.27, 95% CI: 0.20-0.39).

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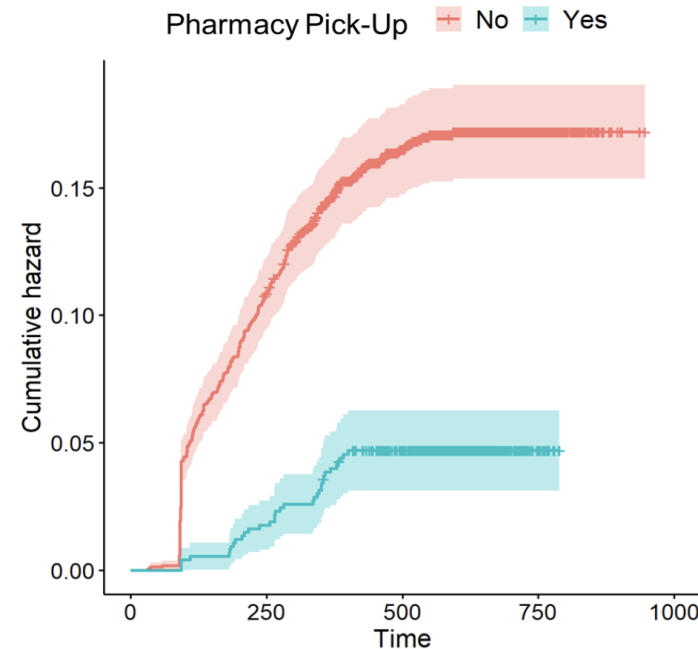


Figure 1. Cumulative hazard of being lost to follow-up, comparing those with pharmacy pick-up (green) versus not (pink).

**Conclusion**

Clients receiving ART via a DADM had improved retention in care rates compared to the standard HF-based dispensation approach, highlighting the importance of public-private partnerships in contributing to improvement of HIV outcomes.



**AIDS 2024**

**Community ART Groups transforming HIV care in Kirwara Sub-County Hospital, Murang'a County, Kenya. Abstract 3706.**

- To describe the implementation of community ART groups (CAGs), service uptake, and client outcomes in a high HIV stigma setting.

**Methods:**

- Identified clients established on ART and those with high missed appointment rates
- Through well-structured individualized health education, clients were informed about the purpose and functioning of the groups, emphasizing that participation was voluntary.

**Results:**

- Adherence and retention rates among CAG clients were above 95% with an improved viral suppression rate of 98% from 82% as of December 2023.
- Missed appointment rates have been reduced from 5% to <1% with 90% of the clients in the CAGs expressing a sense of belonging.

**Conclusion**

- CAGs encouraged viral suppression, provided individualized care, reduced missed appointments, and alleviated the burden on healthcare systems.
- Clients' feedback highlights the sense of belonging and time-saving benefits experienced within these groups.
- CAGs serve as a successful model for enhancing HIV care and empowering persons living with HIV in the Murang'a community.

[Abstract here](#)



## Knowledge, Attitudes, Beliefs, and Practices towards HIV/AIDS among adolescents and young adults in Western Kenya. Baseline results in the context of a drone-based differentiated service delivery initiative. Abstract 3980.

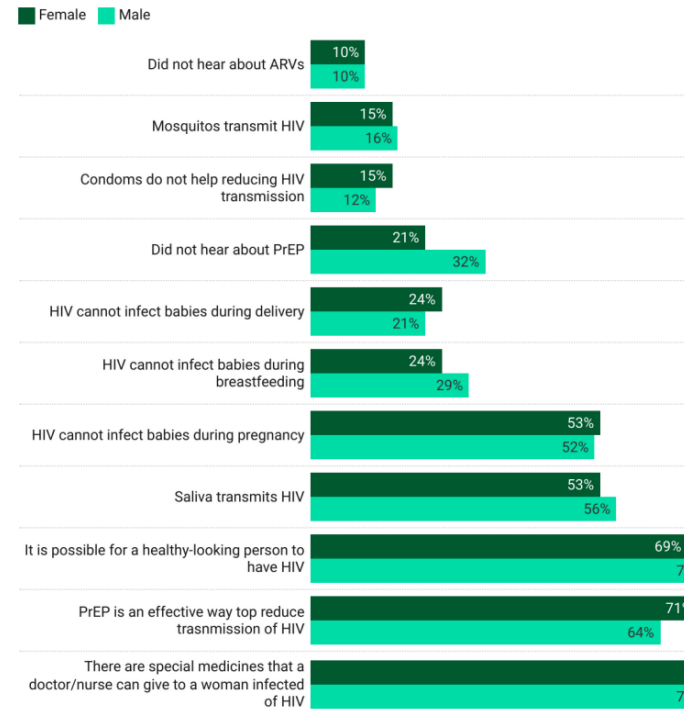
- Mixed methods study to evaluate adolescents and young adult's knowledge, attitudes, beliefs and practices towards HIV before a DSD intervention to use drones to deliver HIV commodities.

**Methods:** surveys (n=1,415), in-depth interviews and focus groups.

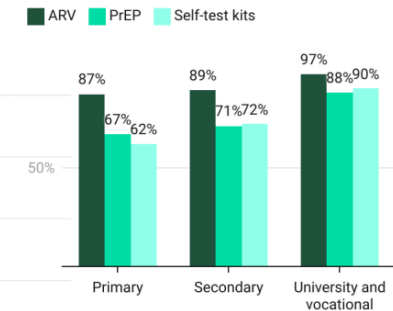
**Results:** Misconceptions and misinformation were significant.

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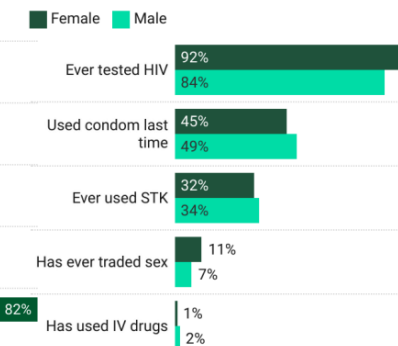
"Yes" responses to knowledge questions



Awareness of...



Behaviour



### Conclusion

Revealed misinformation, lack of awareness of HIV vulnerability, low use of condom and self-tests, and diverse barriers to accessing HIV healthcare, such as stigma, mistrust in medical staff, logistical and financial constraints.

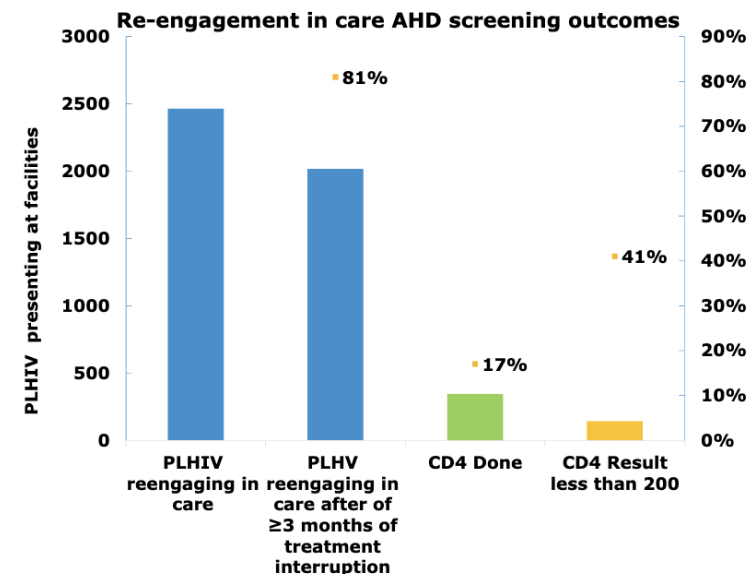
**Prioritizing advanced HIV disease screening for treatment interruption in PLHIV: Early learnings from implementation of new guidelines in Zimbabwe. Abstract Number 4100.**

- To assess implementation of the new national guideline to facilitate immediate AHD screening among those re-engaging in care.

**Methods:** Using data from 71 public health facilities, assessment who was an interruption of longer than 3 months received AHD screening (as per national guideline).

**Results:**

- Of the 2,465 clients reengaging between Oct 2022 and Sept 2023, 82% were re-engaging after an interruption of more than 3 months.
- Of those with a 3+ month interruption, 17% received a CD4 test and 41% had a viral load below 200 copies/mL.



**Conclusion**

More support and commodities are needed to improve AHD screening at re-engagement.

[Poster here](#)



**AIDS 2024**

## **Retention outcomes among Malawian ART clients who are back to care following an interruption in treatment. Abstract Number 4166.**

- To assess the effectiveness, short- and medium-term retention, of programmes to support back to care for those in a treatment interruption.

### **Intervention:**

- PIH offered a comprehensive package of interventions to clients across 74 health facilities who returned to care after treatment interruption.
  - Assignment to an individual Case Manager, a lay cadre staff trained in health education and HIV counseling.
  - Case Managers provided intensive individual counseling and psychosocial support with a non-judgmental, welcoming approach, appointment reminders and phone and/or house follow-up 7 days after a missed appointment.



A case manger providing individualized counselling to an IIT client at Nsanje district hospital

### **Results:**

Retention on ART was 84.8%, 72.9% and 59.9% at 3, 6 and 12 months respectively. Within one year of returning to care, 30.0% of clients re-interrupted and 1.1% died or stopped treatment.

### **Conclusion**

- Despite comprehensive interventions, a high number of clients fell out of care following re-engagement.
- Further research is needed to fully understand the characteristics of clients who re-interrupt to design interventions that respond better to their needs and challenges.

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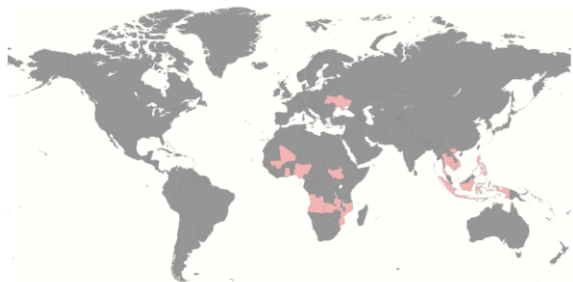


**AIDS 2024**

# Assessing the landscape of community-led HIV responses in the 7th Global Fund grant-making cycle. Abstract 4155.

- This research examines the impact of new targets and guidelines in the 7th Global Fund grant-making cycle (GF GC7), focusing on key population- and people living with HIV-led responses.

13 countries across 4 regions

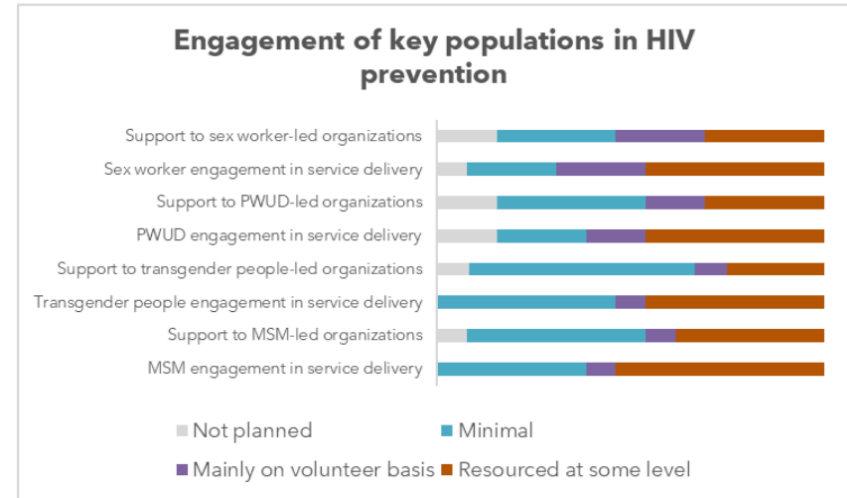


Angola Cambodia Ghana Indonesia Mali Mozambique  
Nigeria Philippines South Sudan Thailand Ukraine  
Viet Nam Zambia

### Key questions of the analysis

- Was community-generated data used to inform prioritization?
- Are activities planned to help realize the global AIDS targets on CLR?
- Are PLHIV and KP-led organizations part of implementation arrangements?
- Are PLHIV and KP-led organizations given priority among other civil society organisations for capacity building and other community systems strengthening activities?

### Landscape of CLR in the GF GC7 funding requests



### Conclusion

- Despite major investments in community-driven data, including community-led monitoring and the PLHIV Stigma Index, few funding requests used this data for prioritization of interventions.

[Poster here](#)





## **Strengthening recording and reporting of continuity of treatment for people living with HIV on antiretroviral therapy through physical review of paper client records: Manicaland and Midlands provinces of Zimbabwe, 2023. Abstract 4238.**

**Objective:** To strengthen recording and reporting of continuity of treatment

### **Methods:**

- Physical review of the facility-held paper client cards to verify treatment cohort across all supported facilities in Manicaland and Midlands provinces.
- Clients who had visited the facility or sent a representative on or within 28 days of appointment day were considered active. Those who missed appointments were followed up for 90 days before declaring outcomes
- All inactive and lost clients were discounted from the treatment continuity number.

### **Results:**

- There was an overall 9.7% reduction in the number of ART clients, 4.8% in Manicaland and 14.5% in Midlands provinces.
- A 6% increase was seen in figures of clients being reported at the Tier 3 health facilities, and a 20% decrease was seen in Tier 1 health facilities
- Contribution of the 0-25 year age groups to ART clients decreased from 13.5% to 10.3%, and for 50 years and above increased from 23.0% to 31.7%.
- The age group with the most ART RoC remained in the 40-44 years old (15.8%).
- About half (10,700/21,470) of losses occurred before project inception in October 2021.
- About 65% of clients lost were not in DSD models

### **Conclusion**

- Overreporting of client numbers in supported facilities, changing the distribution by age and location.
- Physical review of facility-level client records is a useful Data Quality Assurance strategy complementing the cohort adjustment method.
- Need annual physical review.



# AIDS 2024

- Evaluate the impact of scaling multi-month dispensing and enhanced viral load monitoring at 11 PEPFAR sites in Papua New Guinea

**Methods:** Assessment of MMD coverage and viral load suppression before and after the intervention. The intervention model included i) provider mentorship, ii) technical support, iii) site prioritization, iv) line-listing of eligible clients.

## Assessing the impact of multi-month dispensing of antiretroviral therapy on viral load suppression among people living with HIV in Papua New Guinea. Abstract 5187.

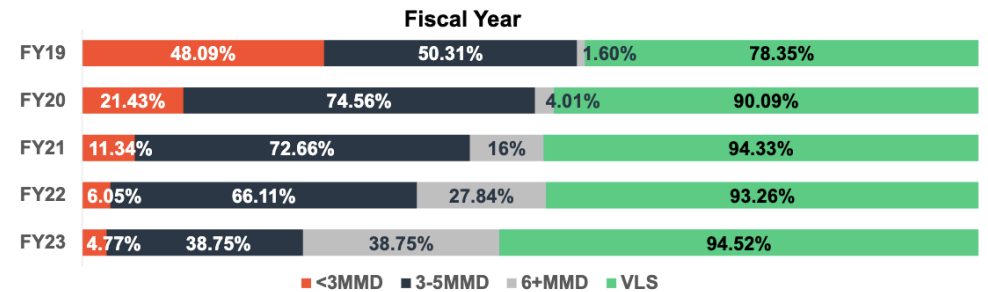
Figure 1: Intervention Model

- Provider Mentorship**
  - One-on-one mentoring sessions
  - Group trainings
  - Skill-building workshops
  - Weekly data reviews
  - Reinforced best practices
- Technical Support**
  - Training on MMD guideline
  - SOP development assistance
  - Onsite technical support
  - Equipment maintenance
  - Training of healthcare providers



- Site Prioritization**
  - Patient load
  - Geographic location
  - Facility infrastructure
  - Staff capacity/human resource
  - Catchment area
- Line-listing of Eligible Clients**
  - Track medication adherence
  - Schedule MMD refills
  - Monitor VL test results
  - Coordinate follow-up care
  - Facilitates targeted outreach

Figure 2: Stacked bar chart showing proportions of MMD vs VLS by FY



### Conclusion

- Significant association between heightened utilization and adoption of MMD and the marked improvement in VLS rates
- Expanding eligibility criteria for MMD played a pivotal role in broadening access to this beneficial intervention, resulting in improved treatment outcomes.
- Rigorous monitoring of ART supplies ensured the continuous availability of medications, mitigating potential disruptions in treatment access



## Paradox of Community – Led Monitoring: Community – led approaches to monitor community Engagement within HIV Differentiated Service Delivery (DSD) Programs across 20 African Countries. Abstract 6121.

- To assess the level of community engagement within DSD programmes in 20 African countries

**Methods:** 20 countries across the African continent collected data retrospectively via a 19-indicator community engagement tracking tool to assess community engagement between June 2021 and May 2022.

### **Results:**

- 50% of results are in the “meaningful engagement” or “satisfactory engagement” achievement rate.  
Liberia, Cote d’Ivoire and DRC scored meaningful engagement of communities in DSD activities. Rwanda, Zambia, Zimbabwe, Ghana, Ethiopia, Mozambique, and Nigeria scored satisfactory CE.
- Sierra Leone, Tanzania, Eswatini, South Sudan and Kenya scored minimal CE, but low scores are mostly linked to M&E-stage activities not being conducted yet.
- 39% of CE results were in the 81-100% achievement rate (meaningful engagement) across Rwanda, Zimbabwe, DRC, Liberia, and Côte d’Ivoire. Nigeria, Kenya, Sierra Leone, and Zambia (10% of the results) scored 61-80% achievement rate (satisfactory engagement).
- 30% of results were in the red/grey score indicating no CE in specific areas, mainly in South Sudan, Eswatini, Burundi, Senegal, Malawi, Uganda, Cameroon, and Tanzania.

### **Conclusion**

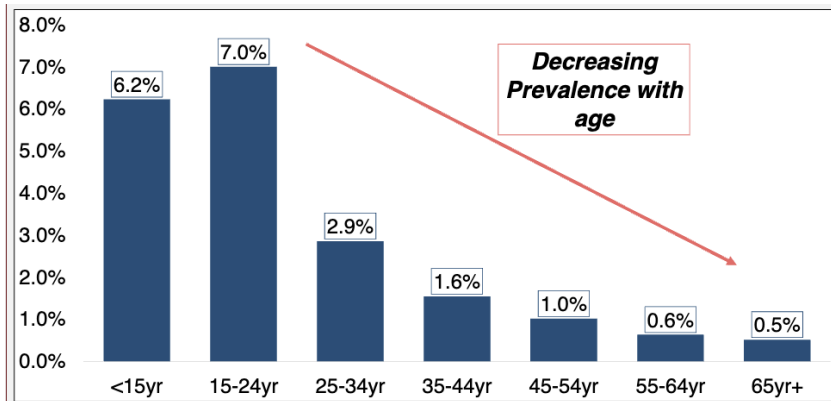
- CLM underscores potential for meaningful community engagement by offering pathways for refining strategies to ensure robust community responses that advocate for an appropriate package of services.



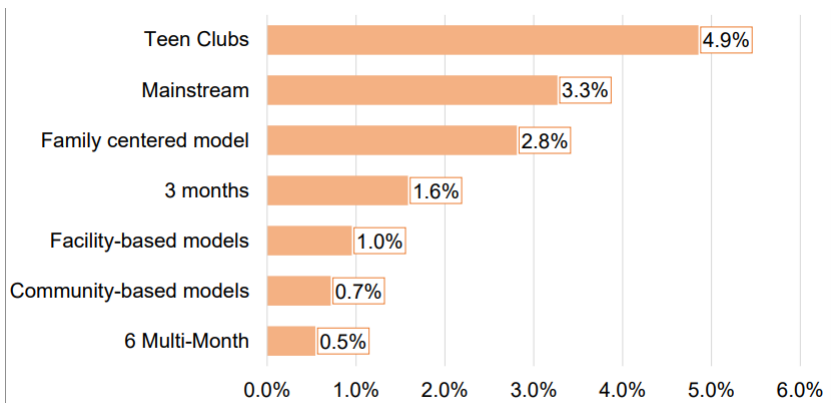
**AIDS 2024**

## Factors associated with unsuppressed viral load among HIV clients on antiretroviral therapy in Eswatini. Abstract 6402.

- Cross-sectional analysis of data from ART clients in the four regions of Eswatini to understand factors associated with unsuppressed viral load



**Figure 1: Prevalence of unsuppressed viral load by age group**



**Figure 2: Prevalence of unsuppressed viral load by DSD Model**

### Conclusion

- Higher odds of unsuppressed VL among males, clients on non-TLD regimens, young adults 15-34 years and those on treatment for less than a year
- Clients on 6MMD had the lowest odds of unsuppressed VL compared to all other differentiated service delivery modalities, highlighting the importance of this approach in client management to improve patient outcomes

[Poster here](#)

## Health or income? How men living with HIV in Malawi experience and navigate decisions between income generation and ART refills. Abstract 6412.

- A mixed-methods, secondary analysis of data from the IDEAL and ENGAGE trials, to explore experiences of poverty and livelihood security among Malawian men living with HIV who experienced treatment interruption.
- **Results:** Those experiencing extreme poverty were less likely to: Have secondary or higher education status; have to financially support family members; have any reported financial savings; be beneficiaries of a social protection programme

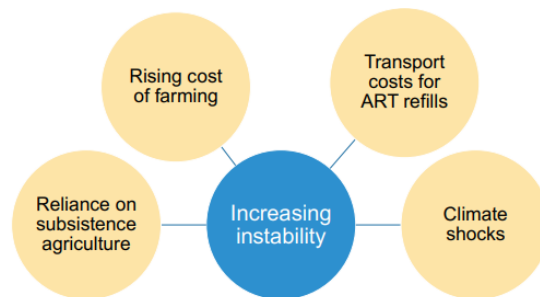


Fig 1: Major themes in qualitative findings

### ***Impact of ART Appointments on Poverty***

- ART appointments meant foregoing income for many men
- Yet many reported prioritizing ART refills over income because ART kept them healthy and able to provide for their families
- Some men maintained income while attending ART appointments by obtaining staffing replacements or permission from their bosses

### **Conclusions**

- Nearly half of the men who participated in the trials and experienced treatment interruptions experience extreme poverty
- Interventions that help men stabilize their livelihoods while accessing HIV services are urgently needed to minimize economic vulnerability in this population

# “Decongesting Health Facilities, Reducing Stigma, Transport Costs and Client Waiting Time”: Stakeholder Experiences of Using Medical Drones to Deliver Anti-retroviral Therapy in Fisherfolk Communities of Kalangala Islands. Abstract 6483.

- Qualitative evaluation of a pilot project using medical drones to deliver ART refills to clients in Kalangala.

Fig1-Delivery observer from Bufumira sub-county in Kalangala district



**Conclusion**  
 Medical drones can decongest health facilities and ensure consistency of refills at landing sites and result in an improvement in client adherence and retention in care.

Themes & Subthemes	A few quotes	References
EXPERIENCES OF DRONES DELIVERING ART		121
ART Adherence challenges & Solutions	"I choose the injection, because this tablet requires one to be on a good diet, once you don't have food and swallow it, you feel dizzy and can even fall!" (FPLWIHV-Kusu female)	27
Benefits	Convenience, improved adherence, improved retention, time and cost saving, reduced stigma, reduced transport risks, create time for HCWs engagement with other disease conditions, empowered peers and VHTs	66
Challenges of ART Drone delivery	Limited load capacity, patients missing out on VL bleeding,	18
Drone effect on Stigma	"Before we used to go through a lot like every month health workers had to come here so they would advertise to alert us .... some would ask which kind of doctors are coming they say HIV doctors, so every time you would hear that there is a way it hurts you, you get worried because you feel discriminated..." (PLWHIV-Kusu Female)	10
OPINIONS ON DRONES DELIVERING OTHER MEDICAL SUPPLIES		20
other use cases	Blood and transfusion sets, client files, condoms, emergency drugs, laboratory samples	18
Blood and sundries delivery	"assuming they are operating, and one needs blood, for example, he is blood group A and is not available, ..... they can send it to Masaka and it brings the blood to Kalangala" (Persons not LWHIV-Bufumira)	5
Other drugs, emergency medicines & laboratory sample delivery	"For the outbreaks like COVID and Ebola, the drone can help in delivering medicine for those diseases" PLHIV Female FGD, Kusu	9
SUGGESTIONS TO IMPROVE DRONE DELIVERIES FOR BOTH ART AND OTHER MEDICAL SUPPLIES		43
Deliver other medication and samples	"...get us a bigger drone so that when we request for other things like mosquito nets, medicine for malaria, cough they will be in a position to deliver it" PLHIV Male FGD, Buwunge	6
Operations	"My request is our group leader, every time the drone delivers the medicine they should also deliver to us in our homes" PLHIV FGD, Kaazi	15
Increase refills with periodic HCW visits	"the people need to see the health care workers to explain some things but for the drone, going to the village there won't be a health care worker" Persons not living with HIV FGD, Bufumira	3



**Improving HIV treatment outcomes among alcoholic clients through Differentiated Service Delivery: A case study of 3 facilities in Uasin Gishu County, Kenya. Abstract 7090.**

- A prospective cohort study - conducted from 2020 to 2022 where 58 (14 females and 44 males) heavy alcohol users (> 45 years) were identified and enrolled into a tailor-made differentiated service delivery model in 3 facilities in Uasin Gishu County, Kenya.
- **Model:**
  - Selection of a team leader-expert client, incentivized with a wristwatch to support the process
  - Transport money was offered to all participants during psychosocial support groups
  - All participants were given specific health education and advised to take their medications in the morning before using alcohol.
- **Results:**
  - A significant improvement from 56% to 89.6% on appointment keeping by the end of the period.
  - Statistical significant association between morning drug ingestion and viral load suppression as compared to non-morning ingestion.

## Conclusion

A tailor-made DSD model for people who use alcohol heavily led to better treatment outcomes

[Abstract here](#)





**AIDS 2024**

# Updated South African Differentiated Service Delivery guidance improves HIV services. Abstract 7397.

- Changes to service delivery components of South Africa's ART guidance, published in May 2023.

**Table 1: Updates to differentiated service delivery guidance**

Topic	Change	Rationale
<b>1. Viral load (VL) timing</b>		
Earlier first VL	<b>3 months on ART</b> (previously 6 months on ART)	Earlier intervention to support adherence, including actioning challenges and access to less-intensive DSD models
<b>2. Post-initiation support</b>		
Increased focus on adherence counselling session post-initiation	Restructuring treatment initiation counselling to facilitate <b>adherence steps review with ROC one month after ART initiation</b>	Revisit treatment literacy and adherence support steps once ROC has experienced taking treatment to improve understanding and revisit the adherence plan developed at treatment initiation
<b>3. Visit schedule first year on ART</b>		
Reduced total number of facility-based visits in the first year on ART	<b>5 facility visits for clinical review and scripting</b> (previously 8 visits) <a href="#">See Guideline Figure 1</a>	Retention support is required earlier in the treatment journey
<b>4. Less-intensive differentiated service delivery (DSD) model eligibility</b>		
More inclusive enrolment criteria for repeat prescription collection strategies (RPCs)	<b>Removed time on ART</b> only requiring a single viral load <50 copies/ml enabling <b>DSD enrolment from 4 months on ART</b>	Shift focus away from time on ART to demonstrating adherence thereby enabling earlier eligibility for less-intensive DSD
	ROC with diabetes considered stable and eligible if <b>HbA1c ≤ 8%</b> (previously HbA1c ≤ 7%)	Improve adherence and retention of ROC living with HIV and diabetes by increasing access to less-intensive DSD models
<b>5. Less-intensive DSD management</b>		
6-monthly scripting using the recall mechanism to action abnormal results	<b>Rescripting for less-intensive DSD is done when VL is taken. Results are reviewed with abnormal results recalled.</b>	Reduce burden for the majority of ROC with normal results - VL <50 copies/ml; CD4 count >200 cells/mm <sup>3</sup> ; GeneXpert negative at annual TB screening
Introduced a maximum number of refills per RPCs 6-month script	<b>2 refills</b> (previously 3 refills with no maximum specified)	Reducing burden on stable ROC to support adherence and retention
Increased ART refill length	<b>3-;4-;6-monthly**</b> (up to 3-monthly) <small>*where facility limited stock (1x2months+1x4months) **awaiting operational capacity go ahead at national level</small>	Reducing burden on stable ROC support adherence and retention and future proof guidelines

<b>6. Multi-month dispensing (MMD) beyond less-intensive DSD models</b>		
Provided access to MMD for ROC not eligible for less-intensive DSD models	<b>Children from 6 months to 5 years of age; post-natal women aligned with EP schedule; concomitant TB; elevated viral loads but clinically stable; re-engaging in care</b>	Burden should also be reduced even when clinical management is required more frequently than 6-monthly to support adherence and retention.
<b>7. Re-engagement</b>		
Increased service flexibilities for ROC missing scheduled appointments by <90 days	<b>Re-engagement algorithm includes:</b> <b>&lt;28 days late remain in RPCs</b> <b>&lt;90 days late assess for RPCs and provide 3 months of ART</b> <a href="#">See Poster 7541 Track E3</a>	Effective management at re-engagement necessitates a differentiated, client-centered approach that considers both clinical and service delivery needs.
<b>8. Service delivery alignment/integration</b>		
Introducing management approach for ROC co-infected with TB or post-natal	<ol style="list-style-type: none"> <li>1. TB/ART</li> <li>2. EPI/infant HIV testing/PrEP/family planning</li> <li>3. EPI/infant testing/mother ART/family planning</li> <li>4. EPI/infant and mother ART/family planning</li> </ol>	Simplified guidance required on how to optimally integrate visit schedules: <ol style="list-style-type: none"> <li>1. For TB co-infected: ART management is integrated into the TB management schedule</li> <li>2. For post-natal women and their infants, HIV testing and ART/PrEP management is integrated into the EPI schedule</li> </ol>

## Lesson learned

The integrated approach may improve healthcare worker uptake and implementation including but not limited to increased use of longer refills between clinical reviews and assessment for and enrolment into South Africa's less intensive DSD models known as repeat prescription collection strategies (RPCs).

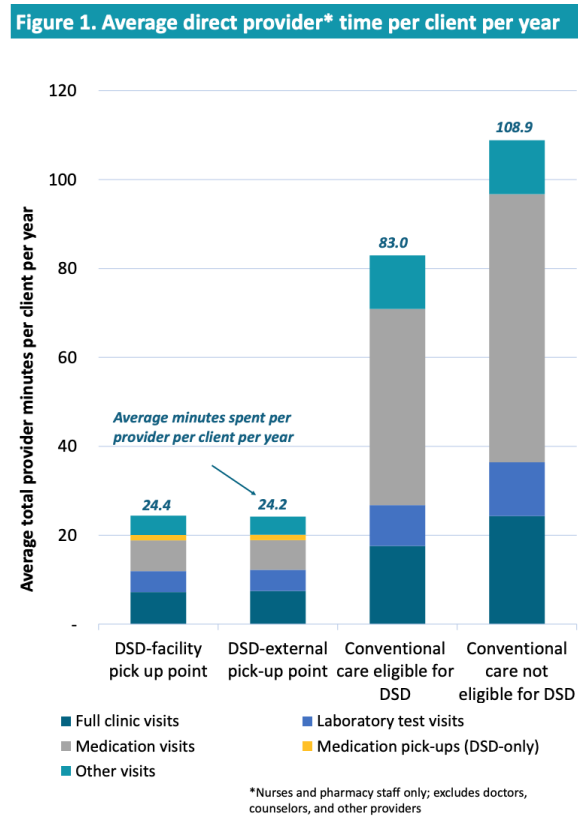
## Conclusion

Focus on nationwide implementation of the updated DSD package, emphasizing fidelity to counselling sessions, earlier viral load assessment, earlier and increased enrolment into RPCs, longer refills and differentiation at reengagement.

[Abstract here](#)

**Effect of differentiated models of service delivery for HIV treatment on healthcare worker time spent with ART clients: retrospective cohort and time and motion analysis. Abstract 7421.**

- A time and motion study of providers of HIV treatment and a retrospective record review of ART clients at 18 primary healthcare clinics in South Africa.



**DSD models can reduce the average nurse time spent per client per year by roughly 70%.**

**Conclusions**

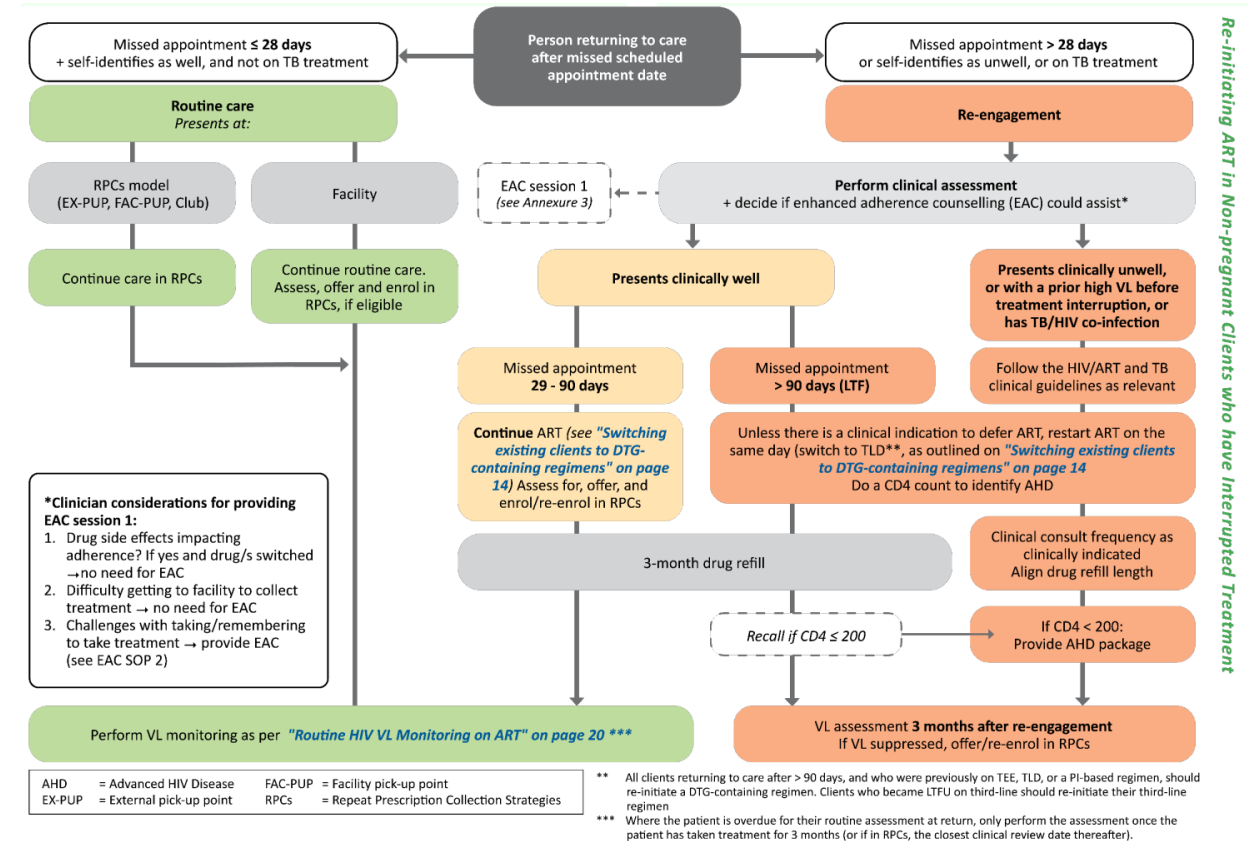
- ART clients enrolled in DSD models had fewer healthcare interactions and required less provider time compared to those in conventional care
- Enrolling eligible ART clients in DSD models can reduce annual provider time/client substantially, reducing pressure on the healthcare workforce, potentially allowing more or higher quality service delivery

# Enhancing re-engagement management in South Africa's HIV Treatment Program through a differentiated approach with algorithmic guidance. Abstract 7541.

- In 2023, the South African National Department of Health (NDoH) updated its national ART guidance. As part of this update, a combined clinical and service delivery re-engagement management algorithm was developed.
- Lessons learned:**
  - Effective management at re-engagement necessitates a differentiated, client-centered approach that considers both clinical and service delivery needs.
  - The joint consideration of clinical and service delivery aspects, coupled with the prominent placement of the algorithm in the revised short-form version of the ART clinical guidelines, may improve healthcare worker uptake and implementation.

### Next steps

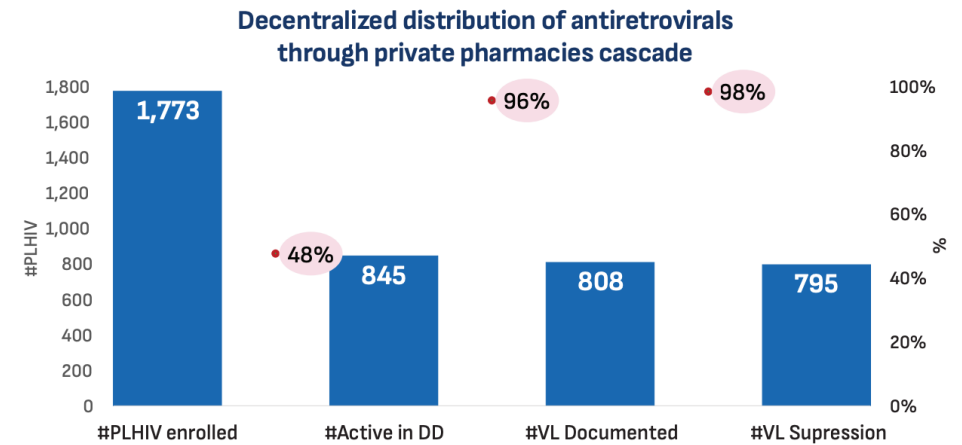
Integrating the updated re-engagement algorithm into the national welcome-back package, offering support to provinces for incorporation into their context specific re-engagement models, along with development and dissemination of provider job aides.



**Long-term health outcomes of people living with HIV who were enrolled in decentralized distribution of antiretrovirals through private pharmacies in three provinces of Mozambique. Abstract 7759.**

- Analysis of the long-term health outcomes of people living with HIV who were enrolled in decentralized delivery (DD) of ART through private pharmacies in three provinces of Mozambique, through a quantitative cross-sectional study
- **Results:**
  - By the end of October 2023, only 48% of individuals were still enrolled in DD, of whom 96% had a VL test result, and 98% were found to be virally suppressed.
  - Among the individuals who dropped out of the DD model, 94% were enrolled in other DSD models. Of these, 66% were enrolled in six-month multi-month dispensing (6MMD).

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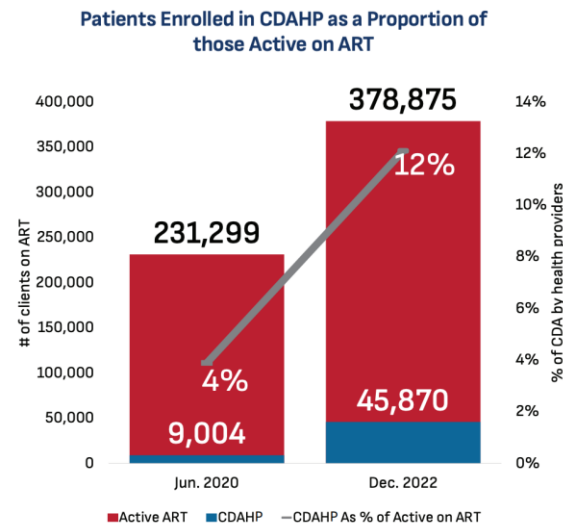
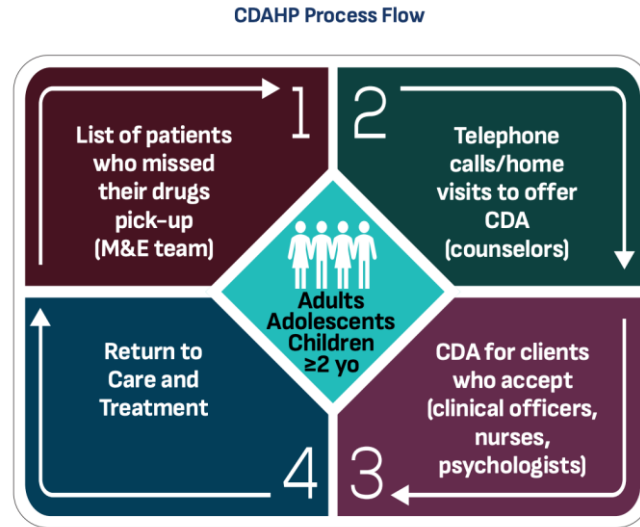


### Conclusion

- Clients enrolled in decentralized ART can achieve successful long-term health outcomes, as evidenced by high rates of VL suppression
- Clients dropped out of the decentralized ART model once more convenient dispensing models became available

**Community antiretroviral treatment dispensing by health providers for people living with HIV who missed their drug pick-ups/clinical appointments: lessons learnt after over two years of implementation in four Mozambican provinces. Abstract 7767.**

- USAID’s Efficiencies for Clinical HIV Outcomes (ECHO) initiated community-based dispensing of antiretrovirals by health providers (CDAHP) implementation in June 2020 in 42 health facilities in four project-supported provinces (Sofala, Tete, Manica, and Niassa) and expanded to 149 facilities by the end of December 2022.
- **Lessons learned:**
  - From June 2020 to December 2022, 46,536 individuals received ART in their communities.
  - CDAHP was accepted well in these communities and facilitated access to ART for those facing challenges to regularly visiting health facilities.
  - The Ministry of Health included CDAHP in the national guidelines for DSD released in 2023.
  - Challenges with transitioning clients to other DSD models after receiving antiretrovirals in their communities.



**Conclusion**

- CDAHP shows promising results for reducing LTFU of individuals on ART who missed their drug pick-up/clinical appointments
- Further analysis necessary to assess the long-term health outcomes of this intervention

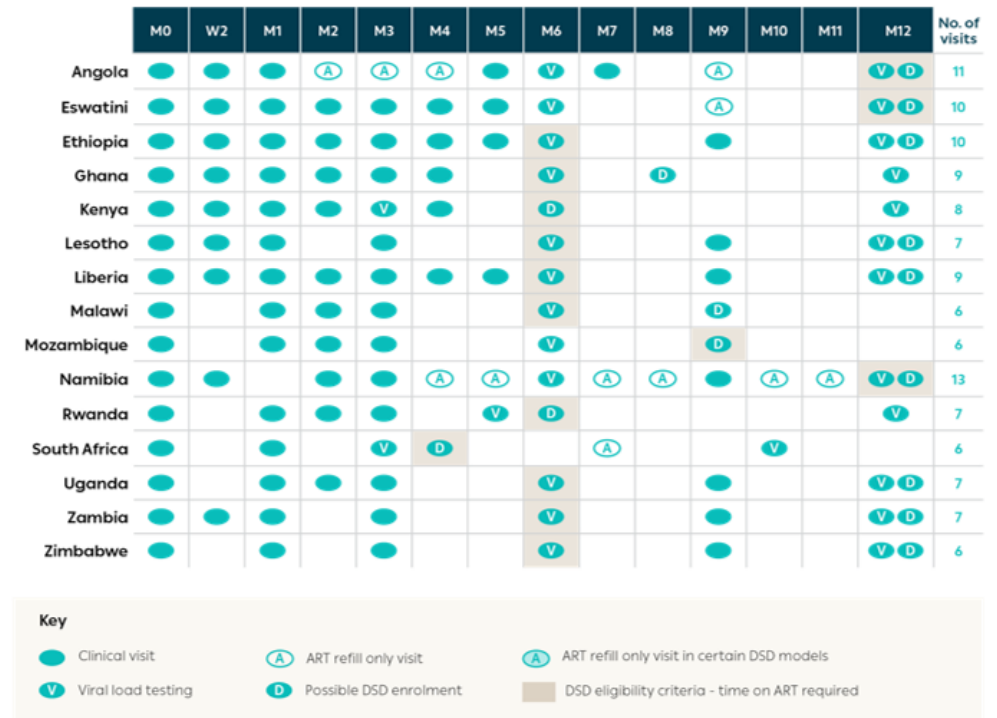
## Frequent visits and viral load timing delay differentiated service delivery enrolment and increase burden during the first year of HIV treatment: A policy review of 15 countries. Abstract 8500.

- A comprehensive review of current national HIV policies in 15 African countries to assess visit burden in the first year and the impact of visit frequency and viral load timing on access to less-intensive DSD.
- Results:
  - Among fifteen countries, eight require 6-7 visits, and seven require 8-13 visits in the first ART year.
  - In 12 countries, viral load is taken at month six.
  - Access to less-intensive DSD models is feasible only from month 12 in nine countries.
  - Kenya, Rwanda and South Africa, with earlier viral load assessment, enable less-intensive DSD model access by month six.

### Conclusion

- Despite treatment retention challenges, most countries delay viral load assessment and mandate frequent clinical visits in the first ART year
- Countries should consider shifting viral load assessment earlier and actively reducing the visit burden in the initial ART year.

Figure 1: ART care visit schedules in the first year of treatment according to national policies



[Abstract here](#)



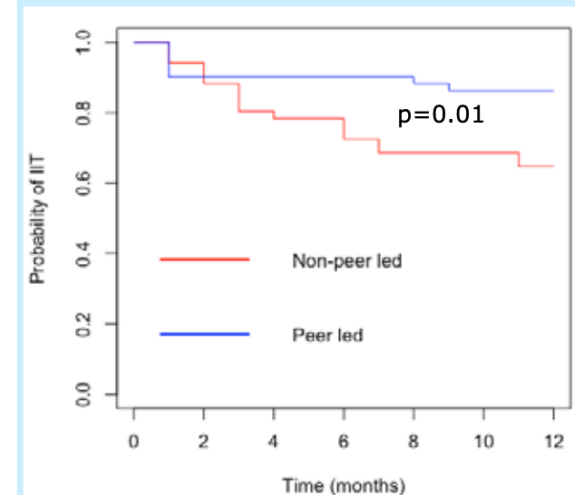
**Use of peer led community antiretroviral groups to improve retention in care among people living with HIV in West Pokot County, Kenya. Abstract 8394.**

- A retrospective cohort analysis of people living with HIV from Kapenguria Hospital in West Pokot County enrolled in peer-led CARGs based on their geographical location in December 2022.
- Results:
  - After 1 year of follow-up, cumulative incidence of being LTFU was 0.12 (95% CI 0.04, 0.24) and 0.06 (95% CI 0.01, 0.16) among those in non-peer led care and peer led CARG's respectively.
  - HIV viral suppression and duration on ART, clients provided with standard of care only had a two-fold increased risk of being LTFU compared to those in peer led CARG's

**Table 1: Baseline characteristics between PLWH enrolled in CARG and those in facility standard of care**

Variable	Peer Led CARG (N=52) n (%)	Facility Standard of Care (non-peer led) (N=52) n (%)
Gender		
Female	34 (66.7)	47 (92.2)
Male	17 (33.3)	4 (7.8)
Duration on ART, years (IQR)	2.8 (1.7,4.6)	3.1 (2.0, 4.3)
WHO staging		
WHO stage 1 and 2	39 (83.0)	39 (86.7)
WHO stage 3 and 4	8 (7.0)	6 (13.3)
Viral Suppression		
<1000 copies/ml	31 (88.6)	46 (93.9)
>=1000 copies/ml	4 (11.4)	3 (6.1)

**Figure 2: The comparison of lost to follow-up between those enrolled in CARG and those in facility standard of care (non-peer led)**



**Conclusion**

Peer-led CARG's as a differentiated care model has significantly better retention outcomes



**A comparison of HEP-CAG and P-CAD models on viral load suppression, treatment adherence and retention in care in a community-based differentiated HIV treatment program in Ethiopia. Abstract 8615.**

- A cross-sectional evaluation study conducted to compare the effect of the health extension professional-managed community ART refill group (HEP-CAG) and the peer lead community-based ART distribution (P-CAD) on outcomes of clients in seven PEPFAR-supported regions of Ethiopia.
- **Results:**
  - Viral load suppression with HEP-CAG (100%) was slightly greater than the suppression obtained with P-CAD (99.7%).
  - Good treatment adherence was achieved in 99.7% of the clients in HEP-CAG and 98.4% of clients in P-CAD.
  - With regard to retention in care, 99.4% in P-CAD and 99.8% in HEP-CAG were on cDSDM for the 3rd most recent measurement.

### **Conclusion**

HEP-CAG demonstrated slightly better outcomes with regards to treatment adherence, viral load suppression and retention in care.

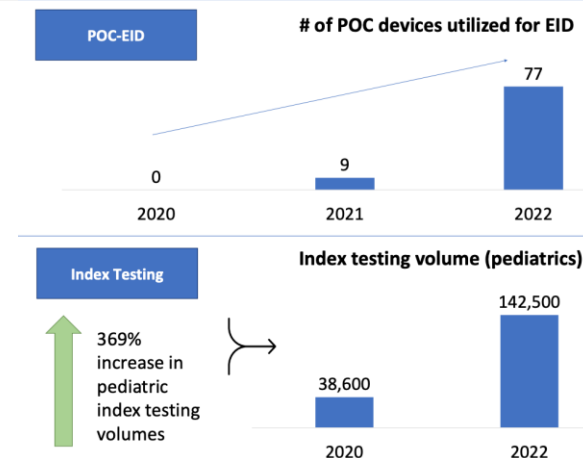
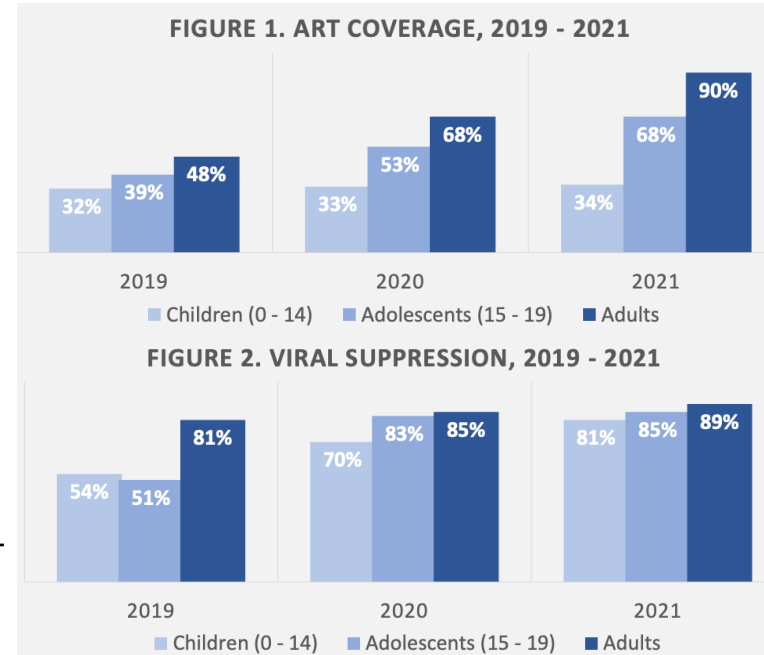
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**AIDS 2024**

## Impact of the Service Delivery Framework Implementation on Children and Adolescents Living With HIV In Nigeria. Abstract 8647.

- The National AIDS and STIs Control Programme (NASCP) in Nigeria was supported in 2020 by CHAI to adapt the UNICEF Service Delivery Framework (SDF), which recommends age-specific and evidence-based interventions to accelerate progress for children and adolescents across the cascade.
- The SDF was incorporated into the 2020 – 2022 National Acceleration Plan for Pediatric & Adolescent Treatment & Care
- **Results:**
  - An assessment of 25 states representing 996 ART facilities, showed index testing (96%), alternate entry point testing (92%), and DSD (88%) were the most widely adopted strategies.
  - ART Coverage was scaled to 34% for children and 68% for adolescents in 2021 and to 32% and 62% by 2022, with 100% on optimal treatment regimens.
  - VLS among children & adolescents increased to 81% and 85% respectively by 2021 and 90% and 91% by 2022.



### Conclusion

- National adoption of the SDF and subsequent scale-up of strategies tailored to local epidemics has proven invaluable in contributing to strengthening Nigeria's pediatric and adolescent HIV response
- Need to further optimize the deployment of current strategies and activate new SDF strategies such as supporting disclosure, transition, and mental health to sustain these gains

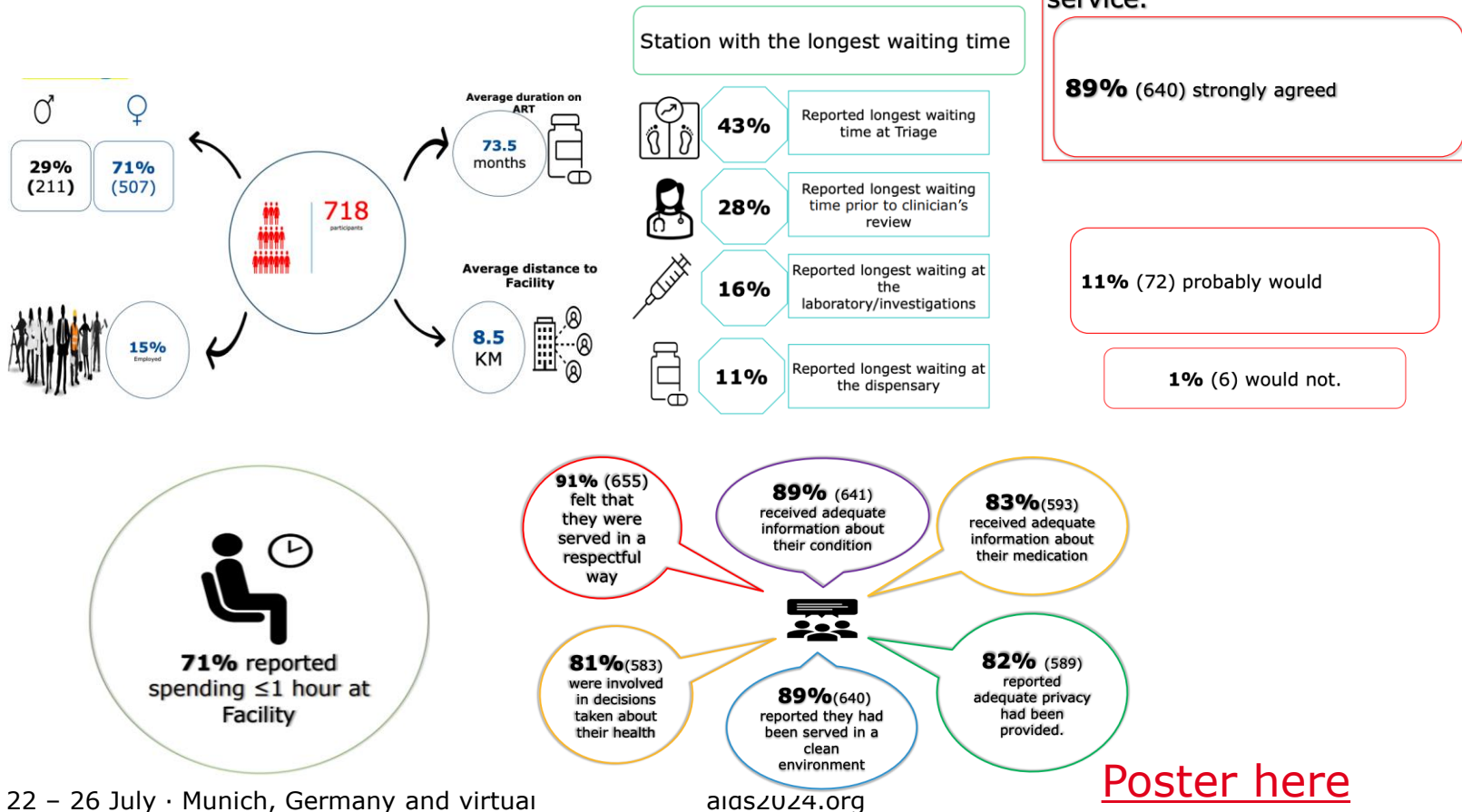
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# Client Satisfaction with HIV Treatment Services in Bunyoro Region in Uganda: a cross-sectional Study. Abstract 9209.

**AIDS 2024**

- Client satisfaction surveys to understand the level of satisfaction of people living with HIV in care and areas of dissatisfaction for improvement.



## Conclusion

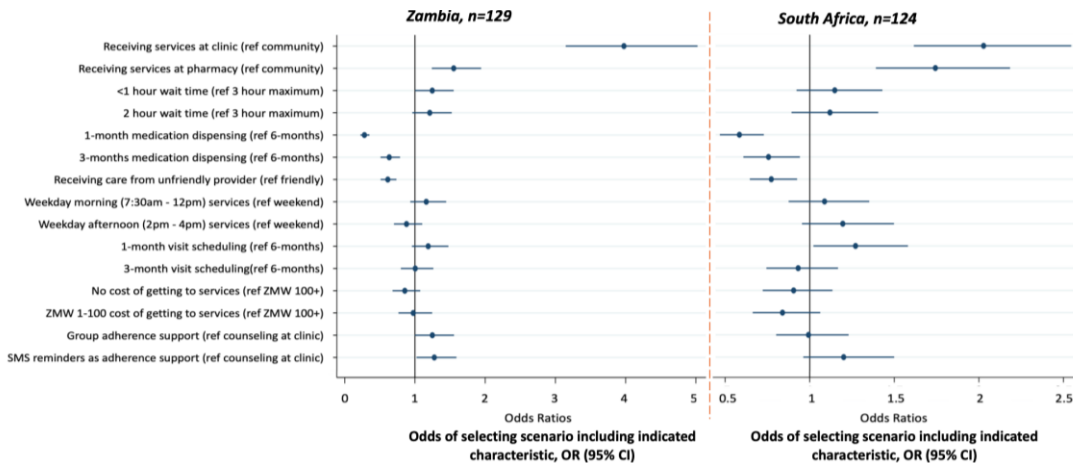
- Dissatisfaction with waiting time underscores the importance of enrolling client in DSD models and streamlining client flow in ART clinics
- Next steps:** A root cause analysis will be conducted in the region to identify reasons for delays at service points in ART clinics; need to use quality improvement methods to improve client waiting time while decongesting clinics through MMD for ART and community drug distribution models.



**AIDS 2024**

## Service delivery preferences during the first year on ART: Lessons from a discrete choice experiment in South Africa and Zambia. Abstract 9402.

- A discrete choice experiment in 11 South African and 7 Zambian primary healthcare facilities from August to November 2023 to learn about care preferences in clients' first six months after initiating or reinitiating ART to improve early treatment outcomes.



### Results:

- Strong preference for receiving services at a clinic or pharmacy compared to in the community in both countries.
- Friendly provider disposition was a significant predictor of choice of care in both countries.
- Clients in both countries preferred 6MMD to 1 or 3MMD.
- Waiting time, appointment day/time, cost of getting to service, and modality of adherence support did not affect respondents' choice for care.

### Conclusion

- Clients in the first year of treatment expressed strong preference for receiving services in clinics rather than community locations.
- Many clients favored longer dispensing intervals even during the early treatment period.
- Models of care that emphasize facility-based service delivery and less burdensome visit/dispensing schedules should be considered for the early treatment period.

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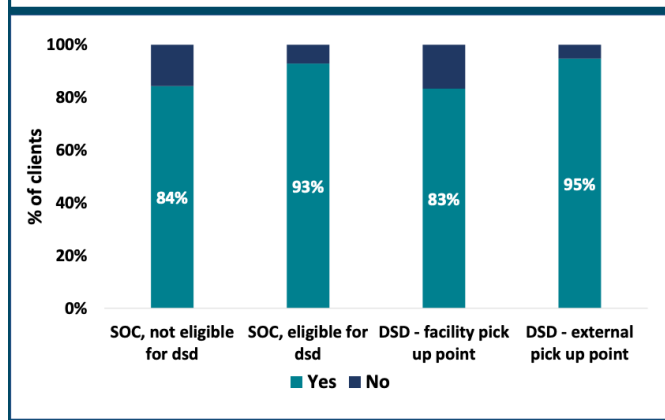
**Exploring the effect of differentiated service delivery on missed clinic visits for HIV treatment in South Africa: a cross sectional survey. Abstract 10268.**

- A survey of adult clients, on ART for at least 6 months, at 18 public clinics in three South African districts between September 2022 - April 2023 to assess missed HIV clinic visits by differentiated models of care.

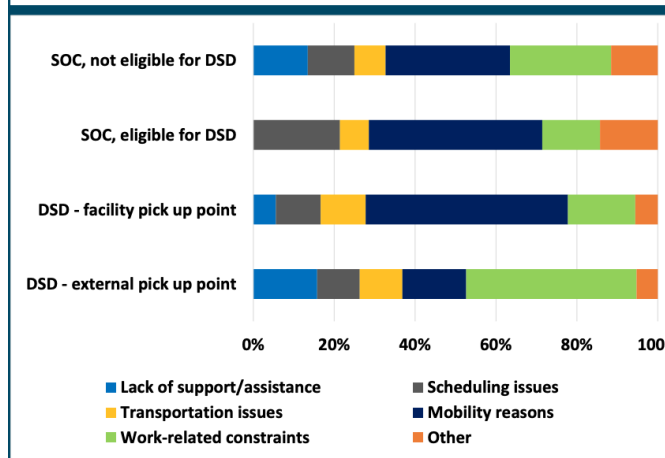
**Results:**

- Out of the 724 clients that were interviewed, 14% reported missing a scheduled visit in past 12 months.
- 57% reported being contacted by the facility after missing a visit.
- In conventional care the main reasons for missed visits Mobility constraints (33%), work-related constraints (23%), and facility scheduling issues (11%).
- In DSD models, mobility (50%) was the main reason for facility pickup point clients missing a visit; for external pickup points, it was work-related limitations (42%).

**Figure 1: Patients with Missed Visits Who Still Had ART Medication (self-reported no missed doses) (n=102)**



**Figure 2. Missed visit reasons for clients who missed a visit (n=102)**



**Conclusion**

- Clients on ART continue to face challenges that hinder clinic visit attendance, especially clients who are not eligible for DSD
- **Late visits do not necessarily indicate missed medication doses**
- Definitions of “late” and “treatment interruption” should be examined before triggering tracing or other interventions, as many clients may simply return when they run out of medications in hand

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## AIDS 2024

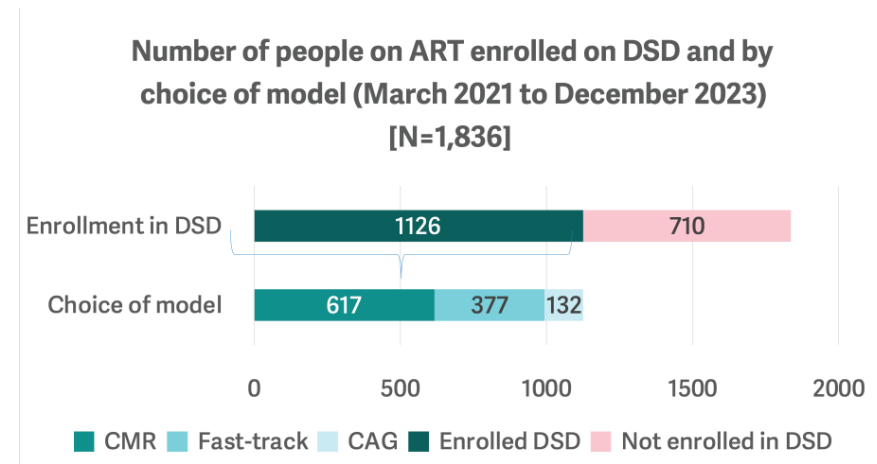
### The relative popularity of three distinct models of differentiated service delivery (DSD) offered to ART clients in Botswana. Abstract 10389.

- Assessment of the relative popularity of three models of DSD among people taking ART in Botswana by reviewing program data retrieved by Humana People to People Botswana (HPPB) Community Health Workers from data generated from March 2021 to December 2023.

- **Results:**

- Between 2021 – 2023, 61.3% clients were initiated through DSD models.
- 55% chose to receive ART through the CMR model, 33% chose Fast-track queues at pharmacies, and the remaining 12% chose CAGs.
- Clients cited several factors influencing their choice of DSD models, including the flexibility of pick-up times, transportation costs, and the possibility to access services on weekends.

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#### Conclusion

- Findings highlight high demand for DSD and interest in all three models
- The availability of choice may help in scaling up DSD, improve access to medications and further decongest medical facilities

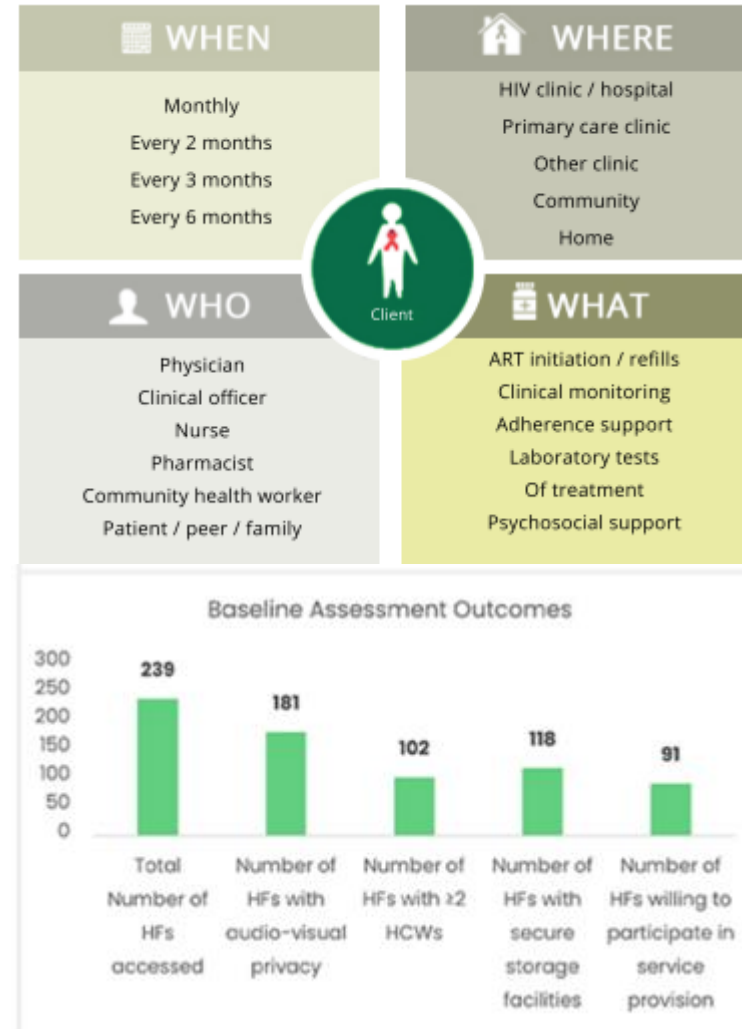




## AIDS 2024

- Description of lessons learned from implementing the Hub-and-Spoke DSD model in Cross River State, Nigeria.
- **Lessons learned:**
  - In total 239 PHFs were assessed: 76% had audio-visual privacy, 43% had  $\geq 2$  HCWs, 49% had secure storage facilities, and 38% were willing to participate.
  - Eighty-four facilities that met all requirements were activated. 46 months post-activation, 90% of spokes provided ART services with 1,753 devolved clients.
  - Despite ART being a basic health service <40% of primary healthcare facilities met the minimum requirements to provide ART services.
  - In addition, >60% of assessed sites were unwilling to participate in integrating ART with existing service delivery.

## Lessons Learnt from Implementing the Hub and Spoke Differentiated Service Delivery Model for Antiretroviral Therapy in Cross River, Nigeria. Abstract 10604.



### Conclusion

- The hub-and-spoke DSD model was successfully implemented and enhanced ART service delivery for recipients of care
- Using primary healthcare facilities for decentralized ART can improve access to ART especially in hard-to-reach populations

[Poster here](#)



# Assessing Triggers for Dissatisfaction Among Persons Living with HIV Receiving Differentiated Antiretroviral Services in Southern Nigeria: A Cross-Sectional Study. Abstract 10629.

- A cross-sectional study to assess satisfaction with ART services and triggers for dissatisfaction among people living with HIV enrolled in DSD in southern Nigeria.

## Results:

- Of 919 participants enrolled, 450 participants (49.0%) accessed ART through Fast-track, 196 (21.3%) through CARG-HCW, 146 (15.9%) through Adolescent community ART (ACA), 76 (8.3%) through Hub-and-spoke (HS), 35 (3.8%) through CARG-PLHIV, and 16 (1.7%) through community pharmacy ART refill (CPAR).
- Overall satisfaction score was 95.5%.
- Triggers reported by respondents in CARG-PLHIV was the perception of the service provider’s knowledge and skills to deliver ART services, while confidentiality of client information was added by respondents in CPAR.

Figure 1. DSD model distribution among respondents

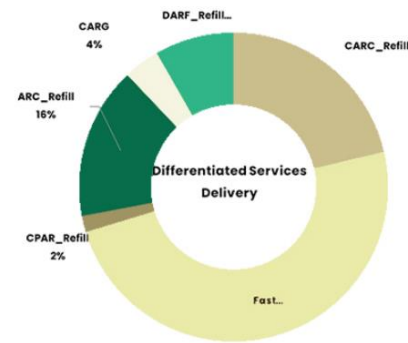
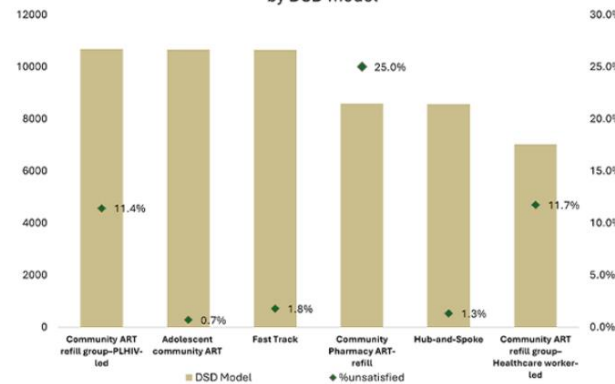


Figure 2: Proportion of respondents reporting non-satisfaction by DSD model



## Conclusion

- Clients receiving ART care through peer-led (CARG) model, and fee-paying (CPAR) models have the least satisfaction with service delivery
- Interventions to improve satisfaction could prioritize improving the knowledge and skills of service providers

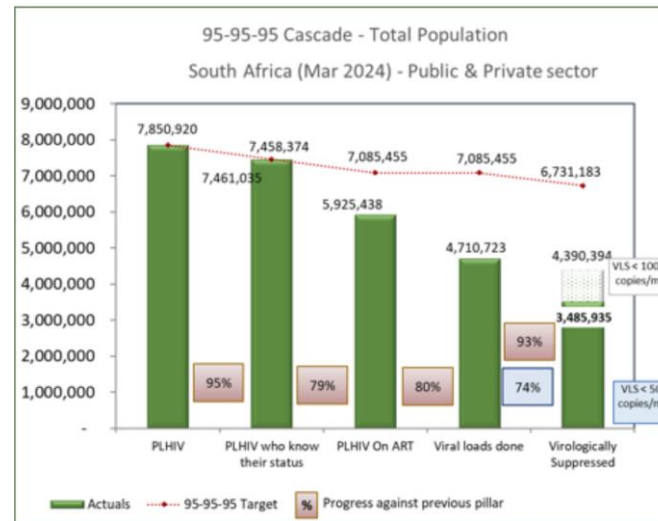
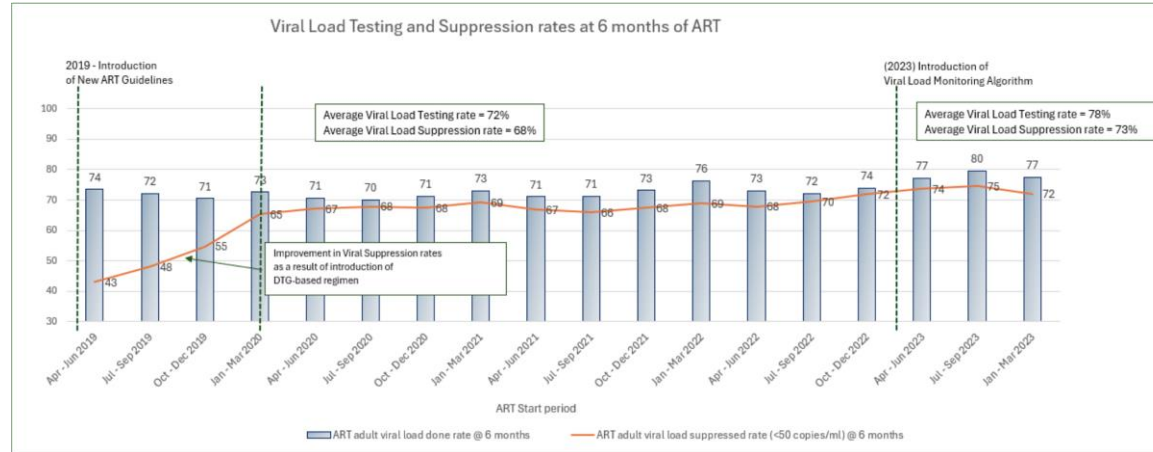
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# AIDS 2024

- Description of progress towards the third 95 following recent changes to how viral load is monitored in the country.
- A new viral load management algorithm was adopted nationally in April 2023, which stipulates that the first viral load after initiation should be done after three dispensing cycles, or about three months post-initiation.
- **Lessons learned:**
  - Earlier detection of factors influencing viral suppression
  - Earlier decanting for virally suppressed individuals, which help retain people in care and improve viral load suppression rates.

## The impact of changes to South Africa’s viral load monitoring guidelines, on progress towards 95-95-95 targets. Abstract 10876.



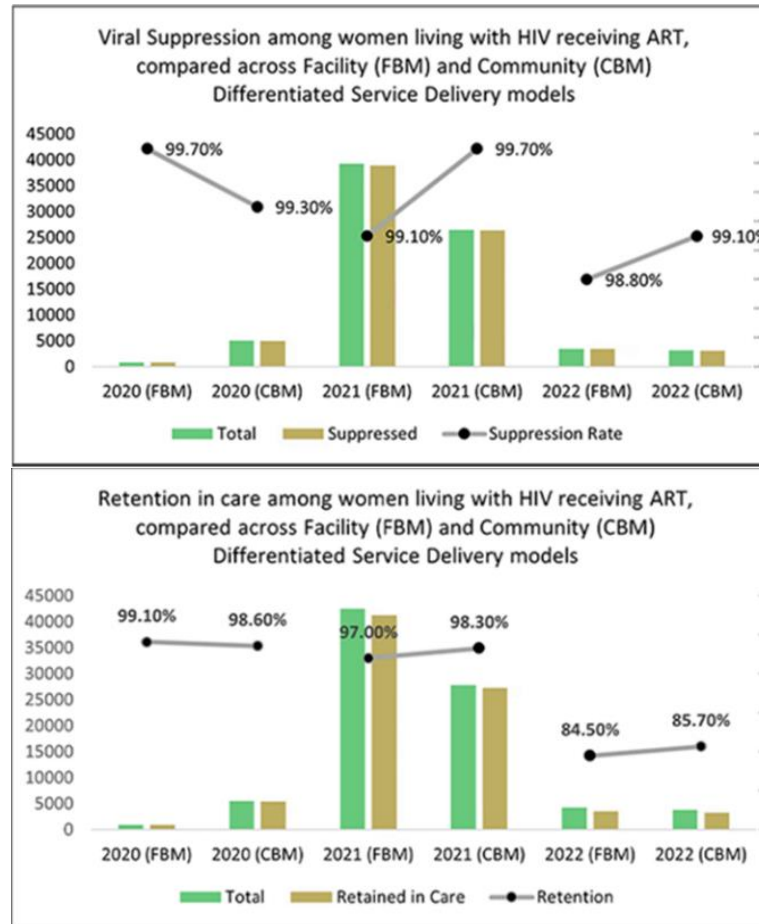
**Conclusion**

- Viral load testing rate improved from an average of 72% per ART cohort to 78% after the introduction of the algorithm.
- Viral suppression rates also improved from 68% to 73%
- Viral load monitoring at earlier stages of treatment has greatly improved South Africa’s progress against the 3rd 95

[Poster here](#)

## Preferences and Treatment Outcomes of Differentiated Service Delivery Models for HIV Care: A Retrospective Cohort Study of Women Living with HIV in Southern Nigeria. Abstract 11150.

- A retrospective cohort study describing DSD model preferences and assessing treatment outcomes among women living with HIV devolved to DSD in Southern Nigeria, using data from three 12-month cohorts.
- **Results:**
  - Over the 3 years, 85,011 were devolved; 56.2% were devolved to FBM. In C1, 84.7% were in CBM, while the majority of those devolved in C2 (60.5%) and C3 (52.5%) were in FBM.
  - Overall retention was 96.4% and out of 78,431 women living with HIV who had VL tests 99.3% attained viral suppression.



### Conclusion

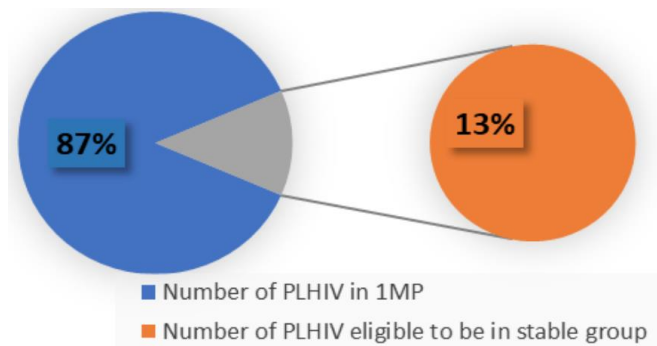
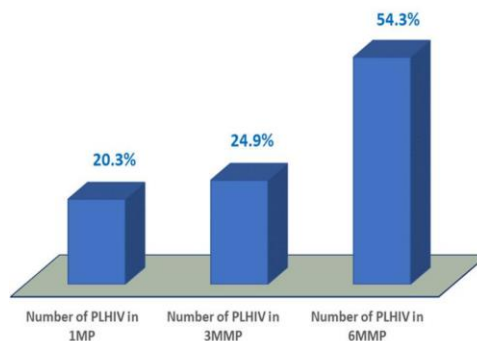
- DSD preferences for women living with HIV moved from CBM to FBM between 2020 and 2022, with comparable treatment outcomes across models
- Investigation of factors influencing DSD model preference among women living with HIV is recommended, to support sustained optimal treatment outcomes

**Differentiated service delivery: rapidly identification of eligible clients to be shifted in less intensive model through clinical mentorship in Rwanda. Abstract 11777.**

- Rwanda has adapted its national HIV treatment guidelines to include differentiated service delivery.
- This model was initiated among stable clients and they benefited from 3MMD or 6MMD to reduce the burden of visits for people living with HIV and the workload for health care providers.

**Results:**

- 561 health facilities have been visited and the total number of 195,220 people living with HIV on ART.
- 20.3% are on one-month pharmacy dispensing, 24.9% on 3MMD and 54,3% on 6MMD.



**Lessons learned:**

- Shifted clinical mentorship was a good way to reach health care providers and identification of eligible clients for less intensive models to sustain DSD.
- Shifting eligible clients to less intensive models (3MMD&6MMD) to reduce the number of required clinical visits for people living with HIV and the workload of overloaded health care providers.

**Conclusion**

Clinical mentor facilitated onsite refresher training of Health care providers and identification of clients eligible to be shifted in less intensive model. This ensured uninterrupted access to ART and limited the frequency of visits

[Poster here](#)



# AIDS 2024

- A mixed methods study to assess attitudes, implementation barriers, and facilitators for community pharmacy-based administration of long-acting injectable antiretroviral therapy (LA-ART) in the United States (Central Alabama, Northern California, Southern Florida, and Southern Texas).
- **Discussions:**
  - Attitudes around pharmacy-administered LA-ART were mostly positive in this study.
  - Pharmacy convenience will depend on how LA-ART systems are set up. Walk-ins may not be sustainable & LA-ART might not be available at all locations.
  - Clients receiving LA-ART may have existing trusted relationships with their clinics which causes hesitation to change. A warm handoff between clinic and pharmacy may increase confidence and utilization of pharmacy services.
  - Concerns about pharmacy staff turnover underscore importance of adequate staffing, communications training, and continuity of care to foster trusting pharmacist-client relationships for successful pharmacy-administered LA-ART.

## "I have to feel comfortable": Attitudes towards pharmacy-administered long-acting injectable antiretroviral therapy in a sample of people with HIV. Abstract 7384.

**Table 1: Demographics (n=24)**

Location, n (%)	
Alabama	6 (25)
California	10 (42)
Florida	6 (25)
Texas	2 (8)
Age, years, mean (SD)	53 (13.9)
Female sex at birth, n (%)	12 (50)
Gender n (%)	
Man	11 (46)
Woman	12 (50)
Transgender woman	1 (4)
Self-reported Race, n (%)	
White	7 (29)
Black	12 (50)
Hispanic or Latino	2 (8)
Asian or Pacific Islander	1 (4)
Other	2 (8)
Educational attainment, n (%)	
Completed high school	5 (21)
Some college	9 (38)
Four-year college or Graduate degree	7 (30)
Years since diagnosis	
1-5 years	1 (4)
6-10 years	5 (21)
> 10 years	18 (75)
Currently on ART	24 (100)
Self-reported undetectable viral load at last lab	23 (96)
Self-reported ART adherence in last 30 days	
Very poor/poor	0 (0)
Fair	1 (4)
Very good/Good	1 (4)
Excellent	22 (92)
Pharmacy used to obtain ART	
Retail/chain	11 (46)
Independent	1 (4)
Clinic-associated	3 (13)
Mail-order	6 (25)
Hospital or Other	3 (12)
How ART is obtained	
Pick up at pharmacy	7 (29)
Pharmacy delivery or mail	13 (54)
Both	1 (4)
Other	3 (13)
Average # visits to pharmacy	
1 or more times/month	13 (55)
~Every 2 months	4 (17)
~Every 3 months	1 (4)
Hardly ever	6 (25)
Currently on long-acting injectable ART	7 (29)
Likelihood of trying LA-ART in the future (if not on LA-ART now)	
Definitely/probably will not consider trying	2 (12)
Might/might not consider trying	5 (29)
Probably/definitely will consider trying	10 (59)

"...the convenience of going in and, 'Okay, I'm only here for my long-term antiviral,' so I'm going to get my shot and then after that I'm going to be able to go. Versus when you get it at the clinic, something else might happen to pop up and you're actually there a little bit longer."

"My fear would be that they weren't able to administer my long-term antiviral, pretty much basically. Or they won't be able to administer it in, for instance, my hip or something like that."

"If your doctor's office is only open from 8:00 to 4:00 and you're working 8:00 to 4:00, you could only get the shot seven days. If you miss your appointment, then you have seven days in order to get the shot. If you miss that, then you got to go back on the pill regimen. If you can't get into your doctor's office, it's easier to go into the pharmacy to get it."

"With getting injectables, you don't want to feel like a backburner priority. ...when rushed, it can feel very painful, right? So you want to make sure that it's someone who's taking their time to do the injections, making sure that it's going in smoothly. I can see the rush-hour of the pharmacy being something that maybe doesn't make it the most pleasant experience."

"...Comfortability or comfortable. Because I've been going to my Walgreens or my CVS for years now. I've lived in my neighborhood for years. I've been going to the same Walgreens or CVS over and over again, so I'm quite comfortable with the neighborhood, the pharmacy itself."

"And a lot of these pharmacies, they have a huge turnover rate. I mean, you'll be here this year and then next year this time, all new people. Because I pick up meds for my son, and so that's the other thing, you know? Really, it's not very personal."

### Conclusion

Identifying and addressing expectations and concerns regarding pharmacy-administered LA-ART in persons with HIV can assist in optimizing future services.



## Enhancing viral load monitoring among people on antiretroviral therapy using structured mentorship by cluster differentiated service delivery nurses: Lessons from Buhera District of Zimbabwe, 2023. Abstract 9039.

- Assessment of the effectiveness of structured mentorship by cluster DSD nurses in improving VL coverage and suppression in Buhera district from October 2022 to December 2023.
- Activities:
  - Ensuring clients' health records were well documented, line listing of clients due for VL testing, and mobilization of clients who missed VL testing through phone calls and home visits by lay community referral facilitators
  - Targeted follow-ups for community ART refill groups (CARG) and hard-to-reach clients.
- Lessons learned:
  - Viral load coverage significantly increased from 62% in January to March 2022 to 88% in the July to September 2023 period.
  - VL suppression increased from 93% in January to March 2022 to 98% in the July to September 2023 period.
  - Findings demonstrate significant improvements in VL monitoring and suppression rate after implementation of structured mentorship by cluster DSD nurses in the district.



*Image 1: A recipient of care being attended to by a cluster DSD nurse*

### Conclusion

- Use of structured mentorship and quality improvement approach to a cluster of health facilities by DSD nurses contributed to the significant improvement in VL coverage and suppression rates
- Recommend interventions that optimize the identification of clients due for VL test, mobilization of clients who missed VL testing, and targeted follow-ups of community ART refill groups and hard-to-reach clients

[Poster here](#)





## Preferences for service delivery among adult clients in the first six months on antiretroviral therapy in Zambia. Abstract 10056.

### AIDS 2024

- Assessment of preferences for service delivery among clients in the first six months of treatment (the early treatment period) through surveys and FGDs.
- **Results:**
  - 771 adults were enrolled - at enrollment, 29% were initiating for the first time, 5% were re-initiating after previous disengagement, and 65% had been on ART for 0-6 months.
  - 53% of clients on treatment for 0-6 months preferred 6-month visit scheduling, compared to 41% of new initiates and 33% of re-engagers: re-engagers more often preferred 3-monthly visits (40%).
  - FGD participants reported varying preferences for visit scheduling:
    - Six-month dispensing was favored by female respondents more than male respondents. 30% of participants indicated a preference for external (community) medication pick-up points.
    - FGD participants expressed their desire to receive HIV services at the health facility: community-based services made many fearful of involuntary disclosure and stigma.
    - Most participants (87%) had not been offered any choices of service delivery locations or dispensing durations.
    - Work obligations and lack of transport and food posed barriers to clinic visits. Long waiting times, confusing client flow, and other facility attributes were cited as barriers to remaining in care.
    - FGD participants expressed the importance of strong, empathetic, personal counseling to navigate and overcome barriers.

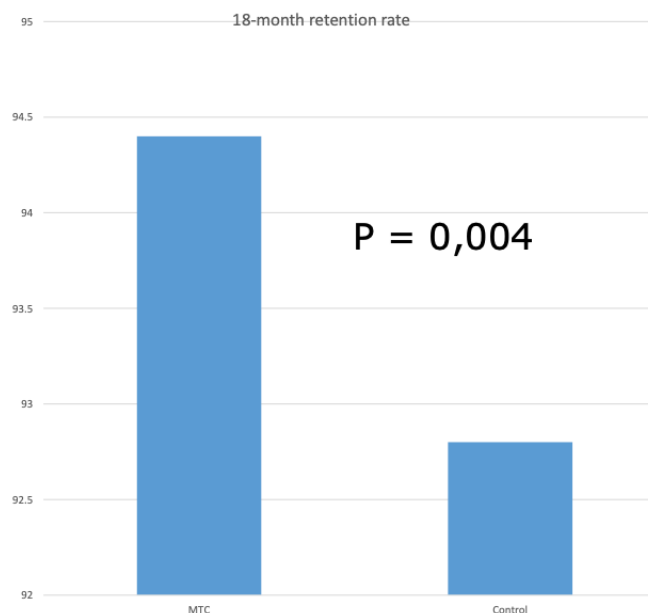
### Conclusion

- To improve service delivery during the early treatment period, it is critical to understand clients' preferences. Some preferences differ among clients; choice is rarely offered
- Models of care for the early treatment period should account for varying contexts and preferences

[Abstract here](#)

**Increase in retention rate with a model combining tasks shifting to paramedical staff and differentiated follow-up of PLWH in Senegal. Abstract 10736.**

- A cluster randomized trial among antiretroviral therapy (ART)-naïve people living with HIV and ART-stable (on ART for = 6 months with a stable condition) people living with HIV in two Senegalese cities.
- **Results:**
  - From September 2017 – July 2018, 1,014 clients in 13 health districts were included (504 intervention; 510 control).
  - After a mean follow-up duration of  $9 \pm 3$  months, the retention rate was 94.4% in the intervention group versus 92.8% in the control group.
  - Access to services was better in the intervention group with shorter travel time (31 minutes vs. 68 minutes), lower transportation cost (US\$1 vs. US\$6), and shorter time spent in the health facility (25 min vs. 89 minutes).



**Conclusion**

- The MTC increased the retention of people living with HIV by improving geographic and financial accessibility to care
- Model scale up has helped improve the UNAIDS indicators to 91-93-91 in 2023

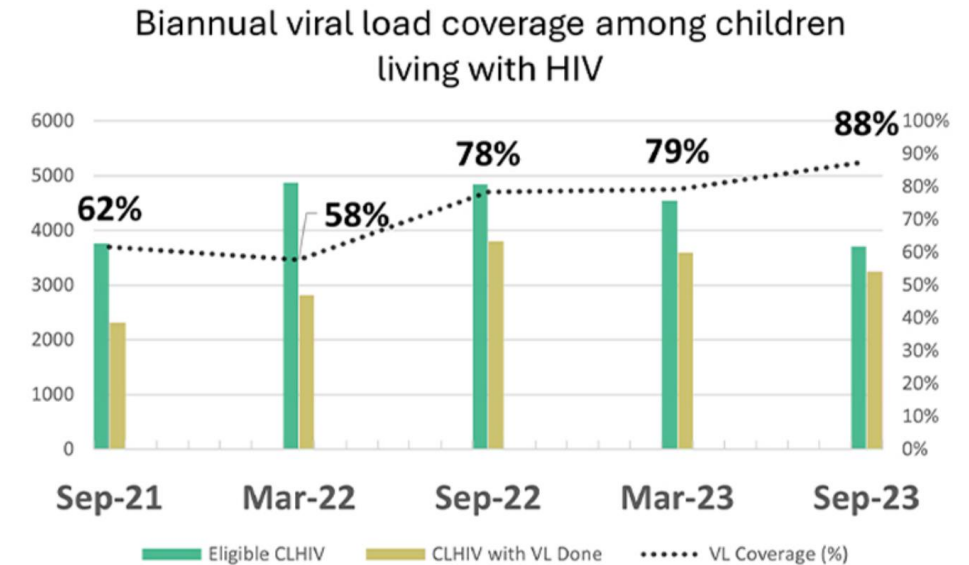
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## Paediatric-Focused Client Management Approach Improves Biannual Viral Load Coverage among Children Living with HIV: Implementation Outcomes from Southern Nigeria. Abstract 10996.

- A description of the Paediatric-focused client-management system (PFCM) and its outcomes among children living with HIV in southern Nigeria.
- Advocacy was conducted to service providers across 153 health facilities in Akwa Ibom and Cross River States, Nigeria to communicate the change in VL testing among children living with HIV.
- **Results:**
  - 18,014 children were eligible for VL test over 24 months.
  - The mean duration on ART was  $3.1 \pm 2.8$  years, and 56.2% were on DSD.
  - VL coverage improved from 61.7% to 87.6% between September 2021 to September 2023 and with increasing age but was comparable across sexes. Longer duration on ART and being on DSD were associated with lower VL coverage.

[Poster here](#)



### Conclusion

- Coverage of biannual VL testing for children living with HIV progressively improved using PFCM
- Further interventions targeted at subgroups with lower VL coverage are recommended



# AIDS 2024

## “It is beyond anonymity”: Reasons why PLHIV continue to opt for ART services from a distant location compared to place of residence, Andhra Pradesh. Abstract 5016.

- To further prevent interruption in treatment (IIT), 20,761 out of 213,375 people living with HIV travelling >50 kilometers (kms) to access ART and sought to decentralize ART closer (<50kms) to their residence were identified.
- From November 2022 – April 2023, staff from 53 ART centers, contacted people living with HIV traveling >50 kms either telephonically or in- person, and systematically provided options on the benefits of decentralized ART services, and recorded responses in routine program tools.
- Results:**
  - Out of the number contacted 18,418 (89%) of eligible people living with HIV, 8,877 (46%) agreed to care closer to their residence.
  - Reasons for not opting for closer care included benefit of availing other interdepartmental-health services in the current location, proximity to workplace, ART staff familiarity, while others cited anonymity and self-perceived stigma.
  - Those who decided to receive ART closer to their residence were more likely to be on ART for <3 years and female compared to those on ART for >3 years and male and transgender.

Fig-1: Reasons why PLHIV prefer ART access from a distant location of more than 50 kilometres, Andhra Pradesh - 2023

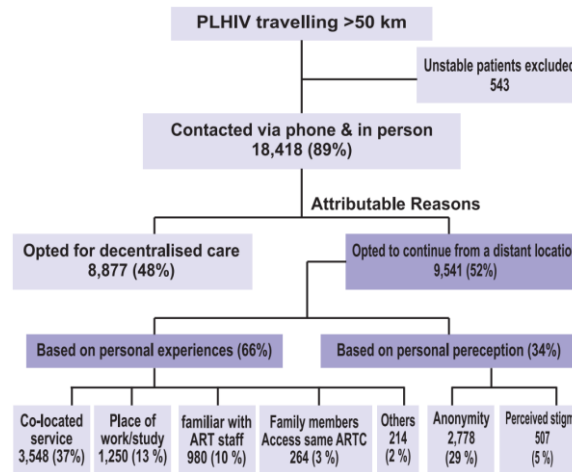
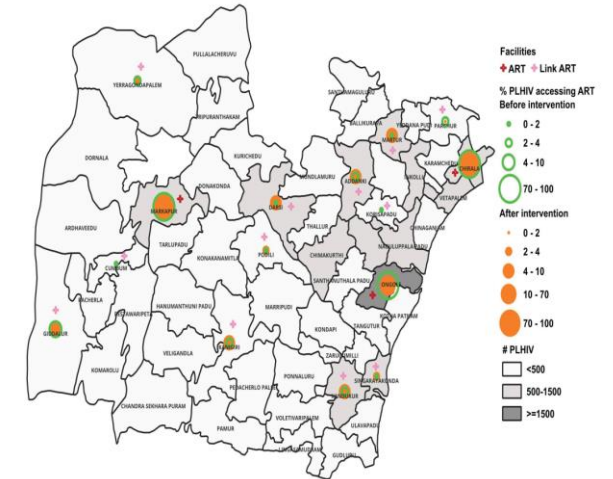


Fig-2: Saturation of decentralized service delivery sites prior to and after opting for care closer to residence, Prakasam District, Andhra Pradesh-2023



### Conclusion

Interruption in treatment after 12 months was higher among those who did not opt for care close to their residence

[Poster here](#)



## AIDS 2024

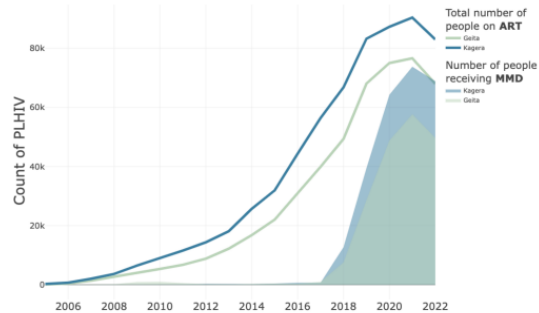
# Association between multi-month ART dispensing and retention in care among people living with HIV in Tanzania. Abstract 7595.

- Retrospective cohort study of people eligible for MMD to assess the impact of ART MMD on continued treatment engagement among ART initiates in Geita and Kagera regions of Tanzania from 2018 to 2023.

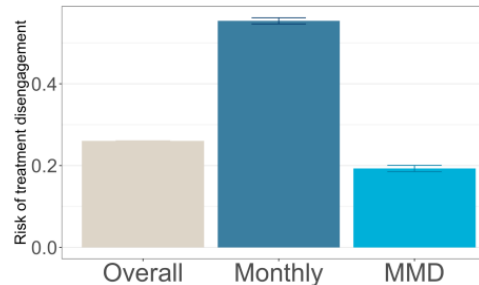
### Findings:

- 139,085 started ART between January 1, 2018 and November 1, 2021; 36.2% were MMD eligible at six months and included in subsequent analyses.
- 26% disengaged from treatment at 18 months after starting ART.
- Despite all being eligible for MMD, 19% did not receive MMD; 55% of this group disengaged at 18 months vs. 19% of those who did receive MMD.
- Stratified analyses by year, sex, and pregnancy status revealed strong beneficial associations between MMD and treatment disengagement vs. monthly dispensing in subgroups.

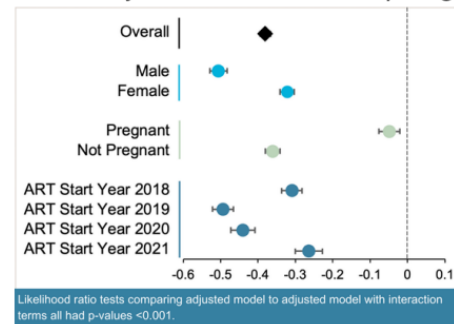
**FIGURE 1.** Rollout of ART and MMD in Tanzania from 2005 to 2022, by study region.



**FIGURE 2.** Risk of treatment disengagement 18 months after ART initiation among PLHIV eligible for MMD, Kagera and Geita, Tanzania, 2018-2023.



**FIGURE 3.** Adjusted risk differences by subgroup.



### Conclusion

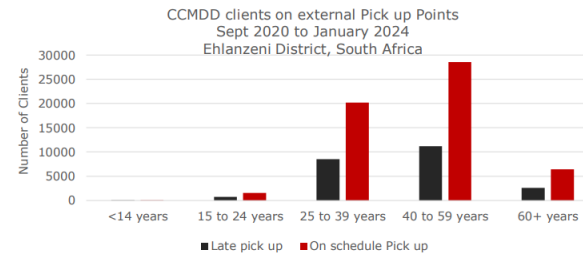
- High overall levels of treatment disengagement suggests novel retention strategies remain important
- Restriction of study cohort to those eligible for MMD reduced selection bias, ensuring that possible benefits of MMD were not attributed to different ART adherence histories
- Large estimated reduction in treatment disengagement at 18 months among those who received MMD suggests it may be a promising treatment retention strategy





## Lessons learnt from supporting the implementation of different types of External Pick up Points in a Central Chronic Medicines Dispensing and Distribution (CCMDD) program in a District in South Africa. Abstract 8856.

- The Central Chronic Medicines Dispensing and Distribution (CCMDD), also known as Dablapmeds, is a programme of the National Department of Health (NDoH) of South Africa (SA) that provides access to stable communicable and non-communicable diseases (NCD) clients to collect their repeat chronic medications at approved, more convenient sites.
- Data from September 2020 to December 2022 at 11 purposively selected, rural and semiurban CCMDD sites were analysed, and multivariate logistic regression models explored associations with promptness in medicine parcels collection.
- Results:**
  - A total of 112 951 clients were enrolled on pick-up points (PuPs) across the District between September 2020 and December 2022.
  - The lockers accounted for 72% of all enrolments while Corporate Pharmacies (CPs) and Facility PuPs (FacPuPs) were 20% and 8% respectively.
  - Prompt collection of medication was more likely with users of lockers and CPs compared to FacPuPs.
  - Clients in semi-urban PuPs were less likely than rural clients to collect their parcel on schedule. Similar results were seen with clients enrolled in the lockers.



	Late pick up	On schedule pick up	p-value
<b>Age category</b>			
<14 years	4 (0.02%)	12 (0.02%)	0.000
15 to 24 years	756 (3.27%)	1,569 (2.76%)	
25 to 39 years	8,530 (36.91%)	20,191 (35.56%)	
40 to 59 years	11,213 (48.52%)	28,567 (50.31%)	
60+ years	2,606 (11.28%)	6,438 (11.34%)	
<b>Location</b>			0.000
Rural	6,758 (29.24%)	18,130 (31.93%)	
Peri-Urban	16,351 (70.76%)	38,647 (68.07%)	
<b>Pick-up-point</b>			0.000
Facility	3,287 (14.22%)	4,774 (8.41%)	
e-Pharmacy	14,872 (64.36%)	40,236 (70.87%)	
Corporate	4,950 (21.42%)	11,767 (20.72%)	

	aOR	Confidence intervals	p-value
<b>Age category</b>			
<14 years	1		0.532
15 to 24 years	0.69	0.22-2.17	
25 to 39 years	0.81	0.26-2.52	
40 to 59 years	0.88	0.28-2.74	
60+ years	0.87	0.28-2.72	
<b>Location</b>			0.000
Rural	1		
Semi-Urban	0.92	0.88-0.95	
<b>Pick-up-point</b>			0.000
Facility clinic	1		
e-Pharmacy	1.86	1.77- 1.95	
Corporate	1.68	1.58-1.77	

### Conclusion

- External PuPs can reduce CCMDD clients lost to follow up in rural areas
- Clients enrolled on facility PuPs and those in more urban sites may need more support to avoid delayed medicine collection
- In rural areas, where PuP options are very limited, access to medications can be improved through use of lockers and other similar technology-backed innovations that are conveniently located and require minimal human interactions



**Expanding HIV viral load testing accessibility: lessons from differentiated service delivery (DSD) in Indonesia. Abstract 12344.**

- Yayasan KNCV Indonesia (YKI) supported the Indonesian National AIDS Program (NAP) to pilot a differentiated service delivery (DSD) model for VL services aimed at improving VL testing coverage, as part of overall YKI’s GF-supported technical assistance project in 2022-2023.
- **Lessons learned:**
  - Results showed a significant 185% increase in the monthly average number of PLHIV whose specimens were sent for VL testing during the DSD periods compared to non-DSD periods in 2023.
  - The "extra hours" model demonstrated the highest increase at 191%.

[Poster here](#)

Results of the DSD Model in Indonesia, 2023

DSD model	Number of districts	The average number of PLHIV whose specimens were sent for VL testing per month without DSD	The average number of PLHIV whose specimens were sent for VL testing per month during DSD	% increase
Extra hours	13	132	384	191%
Mobile VL	5	99	249	152%
Home visits	5	68	153	125%
Extra hours & home visits	2	138	393	185%
<b>Total</b>	25	113	322	185%

**Conclusion**

- The success of DSD underscores its efficacy in addressing access challenges to HIV VL testing.
- As all models showcased improvement, DSD is strongly recommended to support people living with HIV encountering difficulties in accessing essential testing services.
- These findings highlight the positive impact of DSD on societal health outcomes, emphasizing its importance in HIV care strategies moving forward.

# 4. Integration of other health conditions

## Retrospective analysis of cervical cancer screening rates among women living with HIV enrolled in differentiated service delivery models in Nigeria. Abstract 4071.

- This study assesses the uptake of cervical cancer screening among women living with HIV enrolled in DSD models in Cross River State, Nigeria.
- A retrospective cross-sectional analysis of the electronic medical records at 53 health facilities in Cross River State between April 2020 and March 2023.
- **Results:**
  - A total of 16,441 were eligible for cervical cancer screening; 60.0% were enrolled in DSD.
  - 41.4% received cervical cancer screening, with a positivity rate of 0.7%. Of these, 59.2% were enrolled in a DSD model.
  - Women living with HIV enrolled in facility-based differentiated service delivery models (FBM) had better screening rates than those in community-based models (CBM).

FIGURE 1. Summary of cervical cancer screening rates within DSD and non-DSD Models

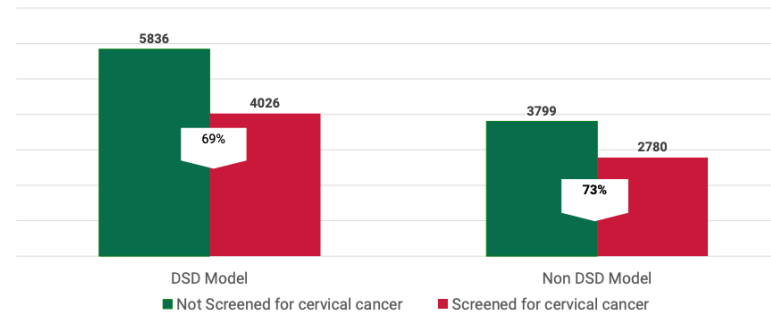
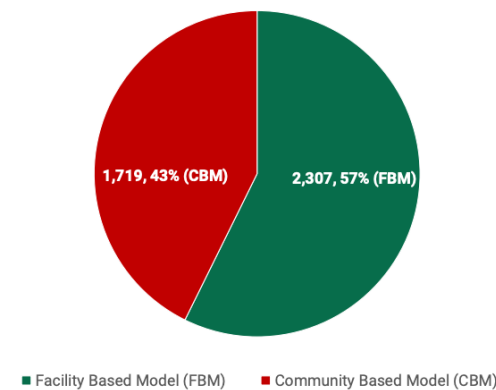


FIGURE 2. Cervical Cancer Screening Uptake Within DSD Models



### Conclusion

- Though cervical cancer screening rates were suboptimal, women living with HIV enrolled in FBM had better screening rates than those in CBM
- Interventions that identify and address the reasons for the suboptimal screening rates in both models are recommended

[Abstract here](#)



## Assessment of FP-HIV Integration under the ART Differentiated Service Delivery Models Oriented toward Self-Care in Selected Regions of Uganda: Implications for FP-HIV Integration. Abstract 5125.

- A qualitative study to assess perspectives on integrating family planning (FP) into three self-care-oriented models [i.e., fast-track drug refill, community drug distribution points and community client-led ART delivery (CCLAD)] to inform future adjustments in FP-HIV integration in Uganda.
- **Results:**
  - Found two forms of FP-HIV integration: a) one-stop center (in which ART and FP services were provided at the same service delivery point) and b) collaboration/referral.
  - Only three health facilities offered ART and FP services through the one-stop center with the majority offering FP services through referral to the FP clinic, usually on the same health facility compound.
  - None of the health facilities provided FP services through the CCLAD model, which is organized to have one person retrieve ART refills for the other members.
  - Both clients and providers agreed that the one-stop center would be more convenient and less time-consuming since referral to the FP clinic can result in increased client waiting time and/or multiple clinic visits if the ART and FP clinics run on separate days.
  - Staff shortages, stock-outs of short-term FP supplies, shortage of space and lack of integrated registers dampened the enthusiasm for integrating FP into the self-care oriented models.

### Conclusion

- Despite the potential benefits of integrating FP into the self-care oriented models, only a handful of health facilities offered FP-HIV integrated services
- Call for policy guidance and technical support from the Ministry of Health in integrating FP into the self-care oriented models in Uganda

[Abstract here](#)



**AIDS 2024**

**Characteristics of PLHIV who acquire TB disease after completing TB Preventive Therapy at a large facility in Kampala, Uganda. Abstract 5841.**

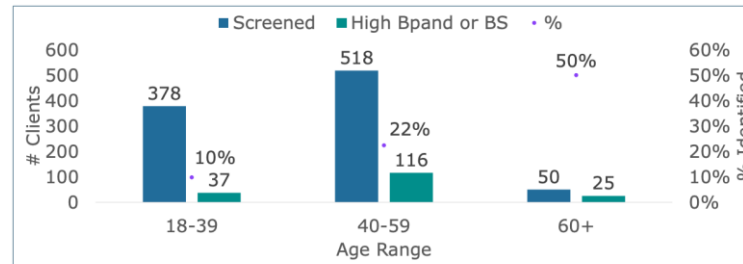
- A retrospective cohort analysis of people living with HIV records in TB and ART registers between January 1, 2022 December 31, 2023 at Kawaala Health Centre IV, a large ART facility in Kampala, to investigate the characteristics of people living with HIV who acquire TB disease after successful completion of TPT.
- **Results:**
  - A total of 9,417 people living with HIV who had completed TPT were included in the analysis.
  - 87 acquired TB disease after completion of TPT and of these 68 (78%) had a documented TPT completion date with the average duration between TPT completion and TB diagnosis 2.5 years.
  - 55 (63%) were bacteriologically diagnosed, majority 80 (92%) were on DTG based regimens, most 66 (76%) had a documented viral load within 1 year of being diagnosed with TB and of these 52(79%) were virologically suppressed.

### Conclusion

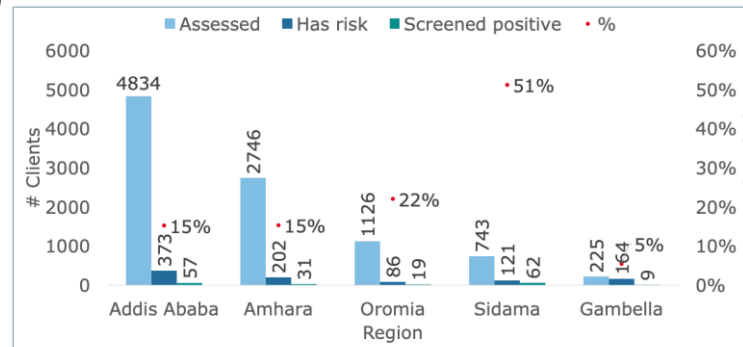
- In this cohort, people established on HIV treatment acquired TB disease after completion of TPT, showing that the current measures are not sufficient.
- Need to strengthen intentional routine screening of TB even among people established on HIV treatment who may be enrolled in various DSD community and facility models.

## Non-communicable diseases service integration with a community-based HIV care and treatment activity in Ethiopia. Abstract 8231.

- In Ethiopia, the USAID-funded Community-based HIV Care & Treatment (CHCT) activity integrated NCD services to provide an innovative and cost-effective approach to early detection and mitigation of NCDs among people living with HIV.
- This study is an analysis of the pilot integration services with the CHCT activity in community settings.
- **Results:**
  - A total of 9,674 people living with HIV were assessed for NCD risk factors, of which, 946 (10%) were risk positive.
  - 95% were enrolled into the NCD service package. Of which, 178 clients (19%) had HBP and/or HBS. Among these, 82% had HBP, 11% had HBS, and 7% had both.
  - The proportion of clients with HBP and/or HBS increased when age groups increased and regional variations were observed.
  - The majority, (139/178, 78%) were referred to health facilities for NCD diagnosis and treatment, where 85% were confirmed for hypertension, 12% for diabetes mellitus, and 3% for both.



Graph 1: Clients screened for NCD risk and identified with HBP & HBS by age range (n=946).



Graph 2: Clients assessed, had NCD risk & identified with HBP & HBS by region (n=9674).

**Conclusion**

- The combination of screening for NCD risk factors, taking blood pressure, and testing blood sugar levels was a feasible and accurate strategy to identify NCDs
- The approach was effective and increased access for prevention, early detection, and community level NCD service provision
- Scale up of the NCD service integration with the CHCT activity is recommended to improve health outcomes and retention

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# 5. Pregnant and breastfeeding women



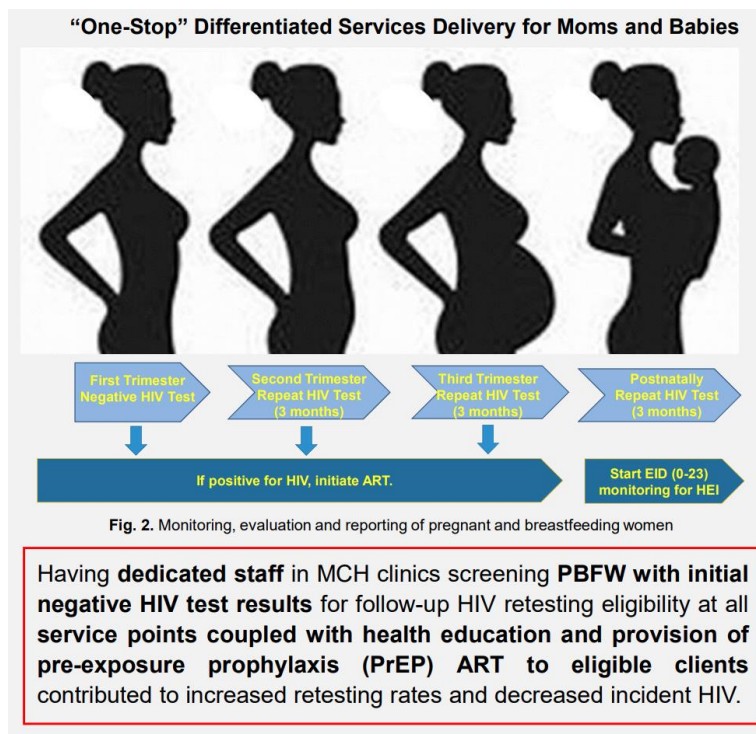
## Lessons learned from retesting of pregnant and breastfeeding women. Abstract 2591.

### **AIDS 2024**

- The PEPFAR-supported, “One-Stop” Differentiated Services Delivery for Moms and Babies was established at maternal and children health (MCH) clinics at four, high-volume hospitals in Lusaka, Zambia in October 2022.
- Person-centred Clinical Care Teams were established to provide screening and care for pregnant and breastfeeding women (PBFW) and children under two years of age.

#### **Results:**

- Of 46,930 One Stop visits, 36,202 (77%) PBFW were retested. 86% of pregnant women and 75% of breastfeeding mothers were retested every 3 months for 1 year.
- Less than 0.4% of these women retested positive (240/36,202).
- All women found to be living with HIV during retesting were initiated on ART.
- All women found living with HIV were paired with Mentor Mothers for psychosocial support and adherence



#### **Recommendations:**

Clinical protocols require:

- Deliberate quarterly screening for pregnant and breastfeeding women for retesting eligibility
- Provision of health education and PrEP at routine follow-up visits
- Provision of ART for pregnant and breastfeeding women who seroconvert
- Early infant diagnosis monitoring for HIV-exposed infants

[Poster here](#)



# 6. Children and adolescents



**AIDS 2024**

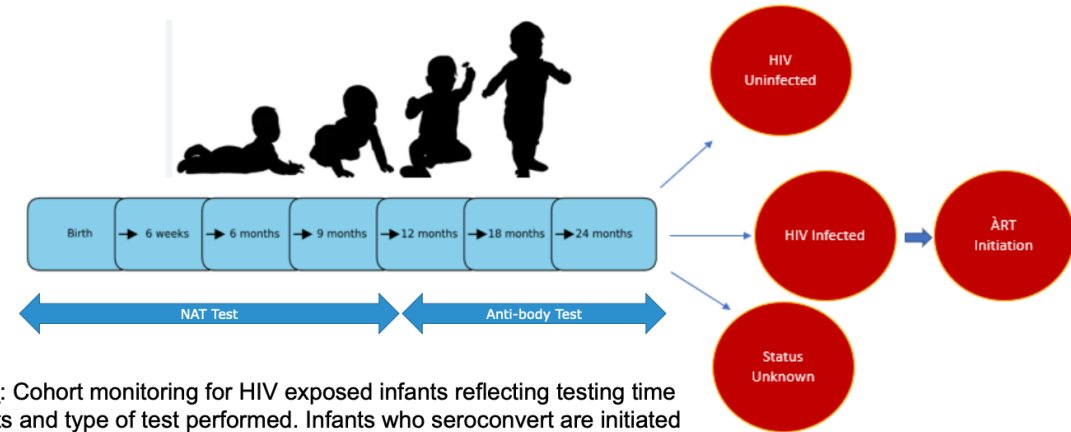
## Lessons learned during cohort monitoring of HIV-exposed infants: improving documentation of final outcome at 24 months of age. Abstract 2575.

- Cohort monitoring of HIV-exposed infants (HEI) to enable documenting the Final Outcome (FO) at 24 months, as part of the PEPFAR supported program “One-Stop” Differentiated Services Delivery for mothers and babies implemented in 2022.

### • **Results:**

- Data for 2,386 HEI were reviewed.
- 2,287 (96%) had a documented final outcome (FO).
- This is inclusive of 170 (7.1%) who transferred out but whose final outcome was documented due to follow up.
- 42 (1.8%) infants died (all had a previous negative result) and 45 (1.9%) infants seroconverted.

### Early-Infant Diagnosis (EID)



*Note:* Cohort monitoring for HIV exposed infants reflecting testing time points and type of test performed. Infants who seroconvert are initiated on ART. NAT = Nucleic acid test using polymerase chain reaction.

Fig. 2. EID Cohort monitoring testing intervals up to twenty-four months.

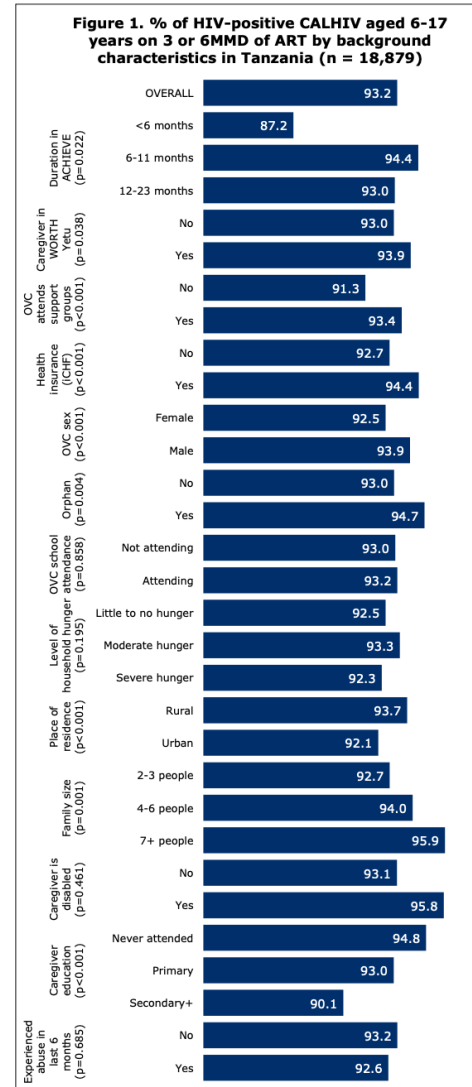
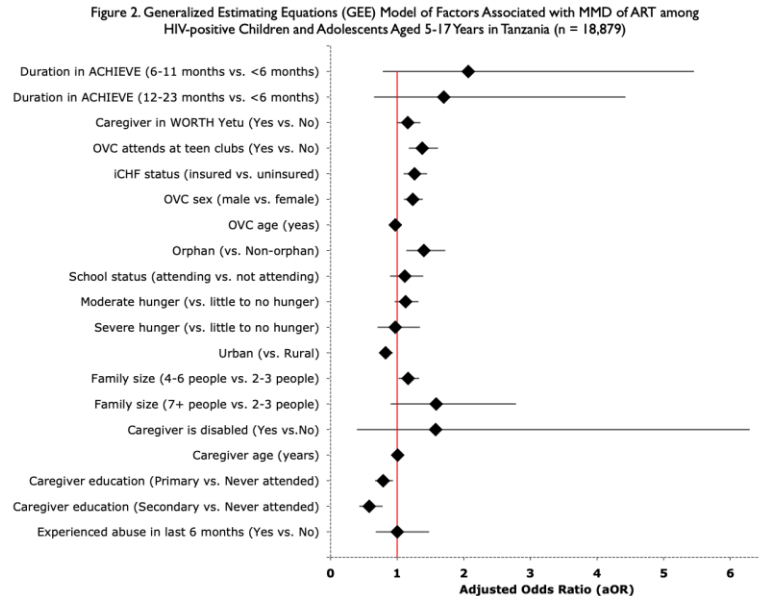
### Lessons learned

Having a proactive team, pairing of mother and baby appointments, psychosocial support and community tracking led to increased retention.

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# The influence of community-based interventions on multi-month dispensing of ART in children and adolescents living with HIV. Abstract 3363.

- This study examined the association between community-based interventions provided through the ACHIEVE project on the coverage of MMD of ART among children and adolescents living with HIV in Tanzania.



## Conclusion

- A large majority (93.2%) of the children and adolescents living with HIV were on MMD.
- Children and adolescents living with HIV who received the three ACHIEVE project interventions were significantly more likely to be on MMD compared to those who did not.
- This highlights the potential role of community-based programmes in differentiated service delivery for improving MMD utilization in Tanzania.

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**AIDS 2024**

## The ART Kindergarten DSD Model for improved viral load suppression among children 0-5 years at Lighthouse Martin Preuss HIV clinic. Abstract 9202.

- To optimize care and increase VL suppression among children living with HIV, Lighthouse established an ART Kindergarten clinic as a DSD model for children living with HIV 0-5 years and their guardians. This study assessed retention and viral suppression 12 months post kindergarten services through a retrospective descriptive analysis.
- **Results:**
  - 202 children were enrolled in the ART treatment programme, 121 in the kindergarten clinic and 81 in general cohort. Retention at end of the observation period was 88.4% in kindergarten and 58.0% in general cohort.
  - Viral suppression in the kindergarten improved significantly during the year from 77.4% to 90.7%. In the general cohort viral suppression increased from 62.2% to 78.4%.
  - Children living with HIV in the kindergarten had a higher viral suppression than in the general cohort (90.7% vs. 78.4%).

Fig. 1: Differentiated Service Delivery Model for Children (0-5) Living with HIV

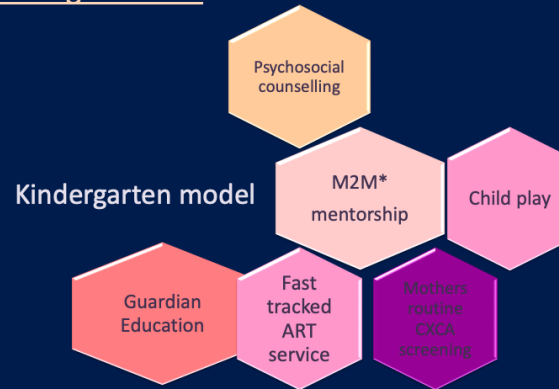
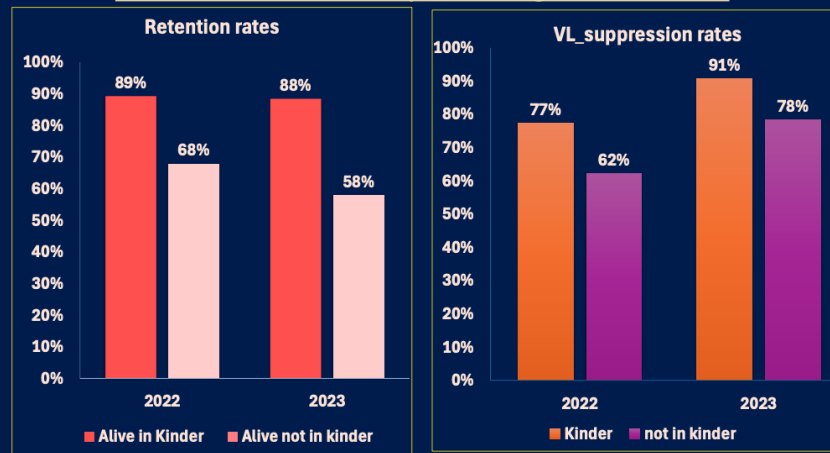


Fig. 2: Comparison in VL suppression and retention rates changes at baseline and at 12 months post Kindergarten enrollment



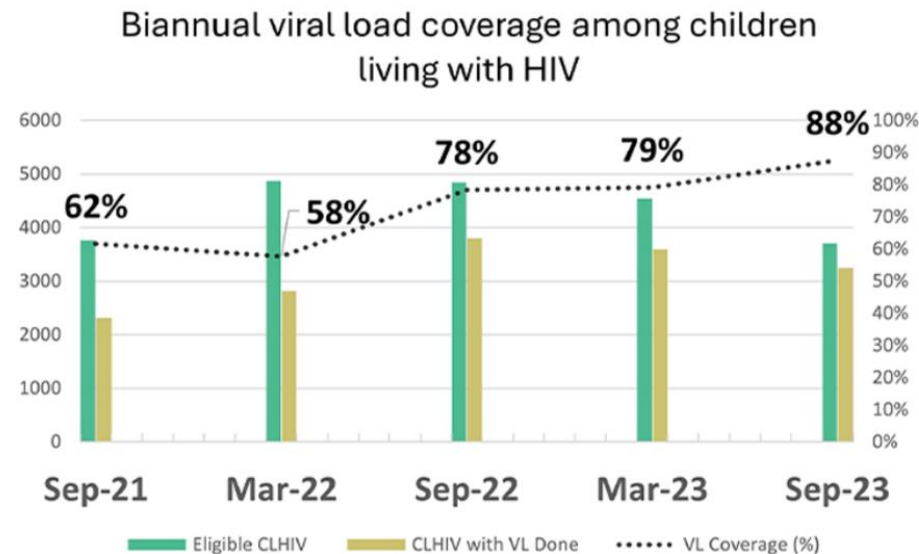
### Conclusion

- The holistic and person-centred care through the ART kindergarten DSD model has improved retention as well as viral suppression among children
- ART programmes must focus beyond biomedical care to address gaps in social and family dynamics that greatly affect adherence among children



**Paediatric-Focused Client Management Approach Improves Biannual Viral Load Coverage among Children Living with HIV: Implementation Outcomes from Southern Nigeria. Abstract 10996.**

- Excellence Community Education Welfare Scheme (ECEWS) introduced a Paediatric-focused client-management system (PFCM) to improve VL coverage among children living with HIV after Nigeria introduced biannual VL tests in 2022, where children are eligible for VL six months after ART commencement and six-monthly thereafter. This study describes the PFCM strategy and its outcomes among children living with HIV in southern Nigeria.
- **Lessons learned:**
  - 18,014 children were eligible for VL test over 24 months.
  - The mean duration on ART was 3.1±2.8 years, and 56.2% were on DSD.
  - VL coverage improved from 61.7% to 87.6% between September 2021 to September 2023 and with increasing age but was comparable across sexes.
  - Longer duration on ART and being on DSD were associated with lower VL coverage.



**Conclusion**

Coverage of biannual VL testing for CLHIV progressively improved using PFCM in this setting. Further interventions targeted at subgroups with lower VL coverage are recommended

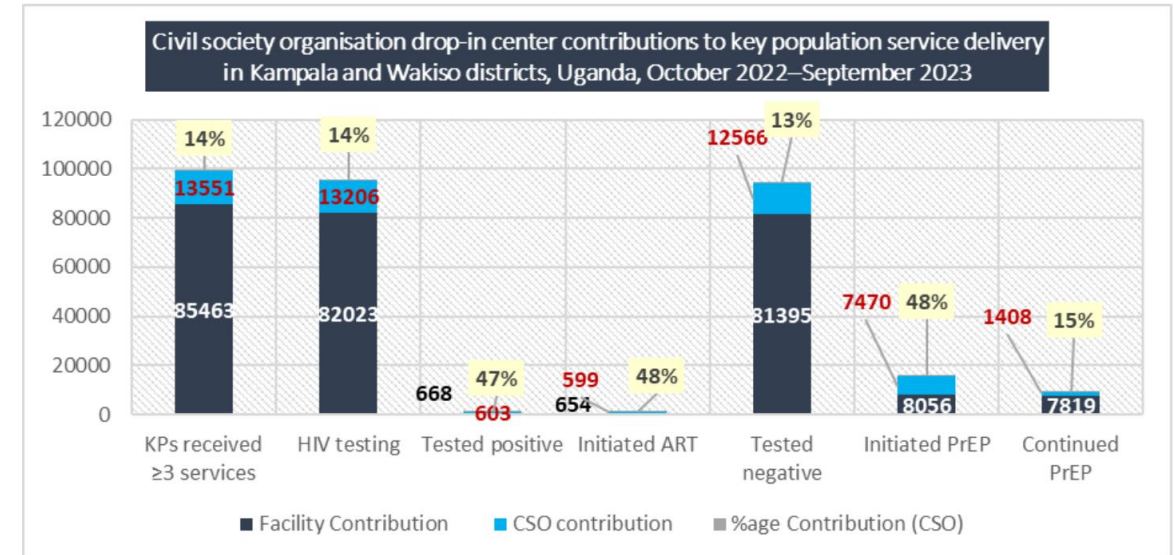
# 7. Miscellaneous



## Let communities lead the HIV response: sharing experiences from key population civil society organisations in Uganda, 2022-2023., Kulu, K et al.

- PEPFAR funded the Infectious Diseases Institute (IDI) to support CSOs to create safe spaces in the community for delivery of person-centred differentiated services to key populations. This study assesses the contribution of 17 CSO safe spaces to HIV service delivery in Kampala and Wakiso districts of Uganda.
- **Lessons learned:**
  - A total of 99,014 key populations received a package of at least three HIV services, including (95,229, 96%) who received an HIV test.
  - Of these, only 14% (13,206) tested at CSO DICs.
  - Among KPs identified as living with HIV, nearly half (603/1,271, 47%) were tested at CSO drop-in centres (DICs), of whom 599/603 (99%) initiated ART.
  - DICs also contributed nearly half (7,470/15,526) of key populations initiating PrEP.

[Abstract here](#)



### Conclusion

- CSO DICs performed HIV case-finding and initiated key populations on PrEP more efficiently compared to facility-based key population programs in Kampala and Wakiso districts
- Well-supported CSOs can successfully implement peer-led solutions at community DICs to improve delivery of HIV prevention and treatment services to key populations