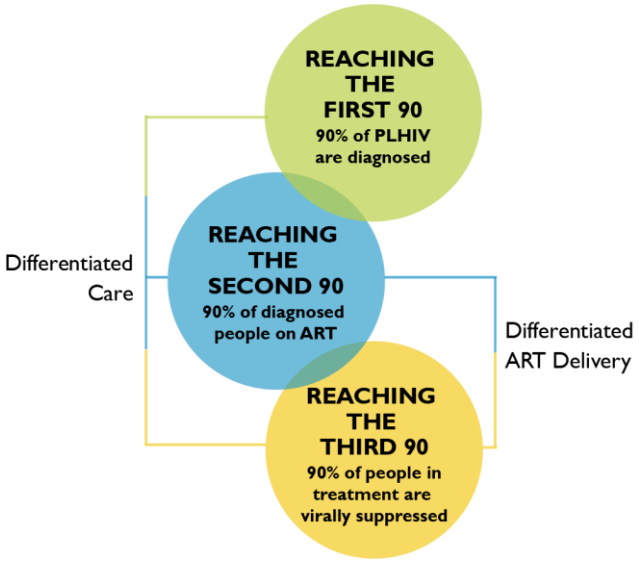
Supporting Test and Treat Through Differentiated Care

The World Health Organization's (WHO) 2015 *Treat All* recommendations endorse immediate antiretroviral therapy (ART) among all people diagnosed with HIV. The adoption of this recommendation will dramatically increase the number of people living with HIV accessing treatment[1], and contribute to the achievement of the 90-90-90 UNAIDS goals for testing, treating, and reducing viral load in people living with HIV (PLHIV).



Health systems in countries hardest hit by the HIV epidemic are already heavily burdened. Increasing the number of patients accessing HIV treatment at health facilities could strain the limited capacity of these facilities, potentially negatively impacting the quality of services provided, as well as treatment adherence, retention and viral suppression.

The successful implementation of *Treat All* and achievement of the 90-90-90 targets will require the development and adoption of innovative, differentiated models for HIV testing and treatment in order to meet the diverse needs of PLHIV.

Differentiated service delivery includes models of HIV testing, ART initiation and ART delivery for both stable and non-stable clients and within specific populations such as children, adolescents, pregnant and breastfeeding women and key populations.

> "Differentiated care is a client-centered approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of people living with HIV (PLHIV) better and reduce unnecessary burdens on the health system. By providing differentiated care, the health system can refocus resources to those most in need."[2]

I-TECH Capacity

I-TECH's extensive experience in HIV prevention, care and treatment service delivery, particularly in supporting ART scale up and innovation, make us particular well-suited to support Treat All implementation and differentiated models of service delivery to improve impact. I-TECH recognizes that different clients have different needs and that patient-centred approaches are likely to result in better clinical outcomes and in turn lead to better retention, adherence, and viral suppression. I-TECH has already worked in many countries across PEPFAR to build and support health systems and develop and implement policy at all levels from Health Ministry to local ART centers, and has designed and delivered a broad spectrum of activities to improve service delivery. I-TECH is already engaged in supporting Treat All scale-up and piloting DSD models in several countries; some examples of this work to date is highlighted on the backside.

[1] http://www.who.int/mediacentre/news/releases/2015/hiv-treat-all-recommendation/en/

I-TECH Case Studies

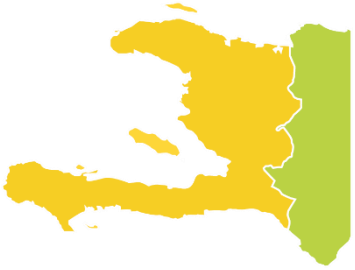
National Level: Policy Development

I-TECH **Tanzania**, in partnership with the International AIDS Society (IAS), is providing technical assistance to the Ministry of Health in Tanzania to develop and implement national policies to support Treat All and DSD. In 2017, I-TECH Tanzania released report outlining current DSD initiatives in the country. Findings from this report supported recommendations for the implementation of DSD nationwide, which were incorporated into the national HIV policy. I-TECH is also leading the development of tools to operationalize and support national scale-up of differentiated models of care. The tools are designed to inform decision-making and implementation; regional health governments/departments implement the ART service delivery model that best meets their needs.

Site Level: Service implementation

In **Zimbabwe**, I-TECH is assisting facilities to increase the number of PLHIV identified, enrolled and retained in care via differentiated models of care tailored to client needs across the treatment cascade. The models currently promoted include differentiated HIV testing (index case testing, moonlight testing, testing among key populations, PITC, targeted outreach testing, children and adolescent testing), differentiated ART initiation (management of early and late presenters and community ART initiation), differentiated ART delivery (Community ART Refill Groups or CARGs), Family ART Refill Groups and three-month refills for stable patients), Community Adolescent Treatment Supporters (CATS) for and treatment support for children and adolescents, differentiated VL monitoring in pregnancy, and home visits to stable clients by VHWs and other community based workers.

In **Mozambique** and **Botswana**, I-TECH is implementing Partner Notification programs in partnership with local Ministries of Health. These programs are specifically designed to increase partner testing; support disclosure to sex partners; and bring potentially exposed children in for testing.



I-TECH **Haiti** is promoting multi-month scripting (MMS) to reduce patients' burden. This fiscal year, the Ministry of Health and CDC Haiti, with technical assistance from I-TECH Haiti's clinical mentoring team, have been actively promoting MMS to reduce time and financial burden ART care for patients, and improve adherence and retention. Data from the national electronic medical records, iSanté, helps the team determine where attention is needed to accelerate MMS. MMS analyses are informing the design of automated reports via iSanté; version 17.2 will include the ability to classify patients by prescribing intervals. Sites can also run reports to be able to better track patients on MMS. Results have also been used by CDC in its COP planning process.

I-TECH International Training & Education Center for Health

For more information, contact:
Misti McDowell, IAETC Program Director
+1 206-685-5303
mistim@uw.edu

August 2017