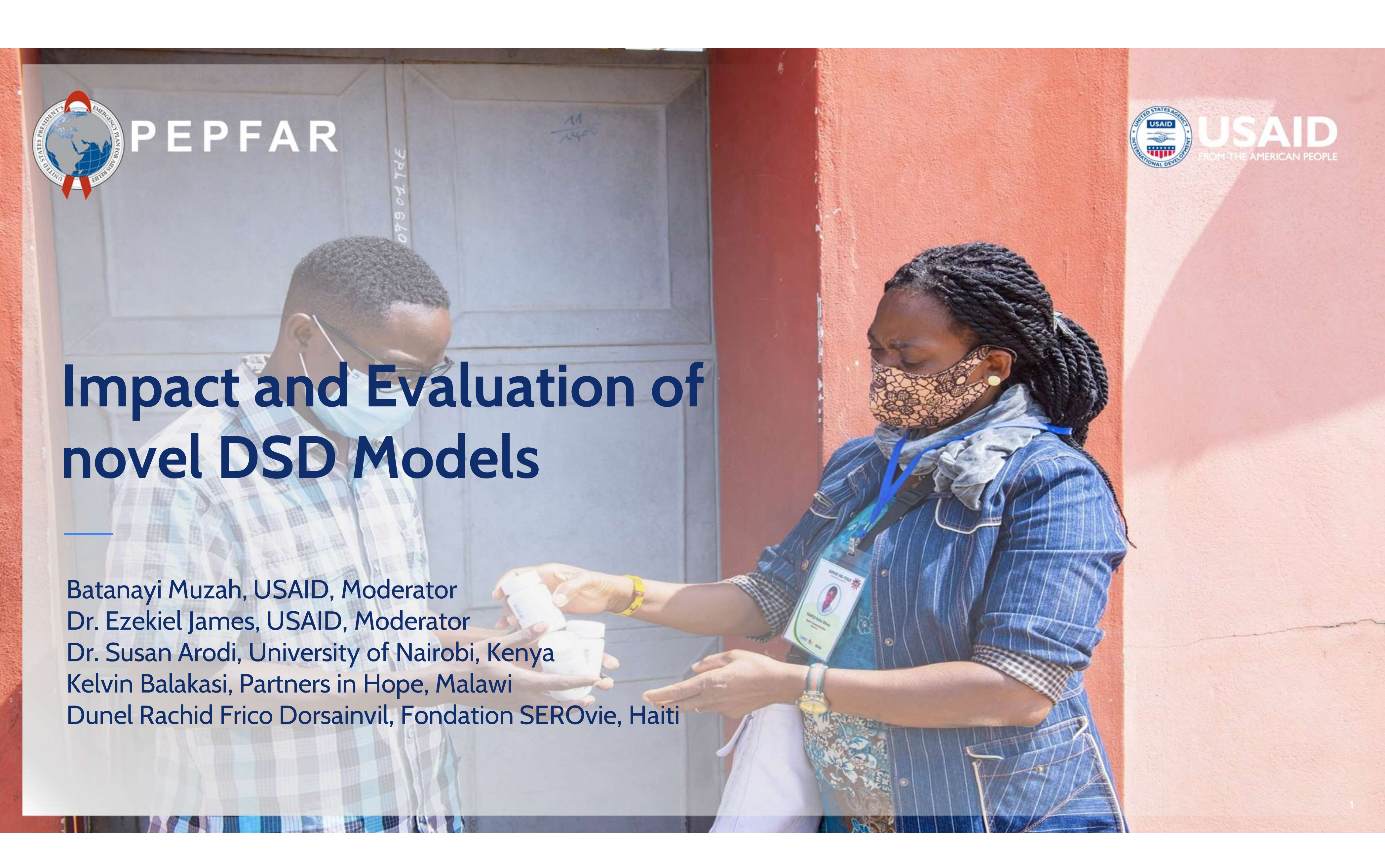

PEPFAR
USAID
FROM THE AMERICAN PEOPLE
Impact and Evaluation of novel DSD Models
Batanayi Muzah, USAID, Moderator
Dr. Ezekiel James, USAID, Moderator
Dr. Susan Arodi, University of Nairobi, Kenya
Kelvin Balakasi, Partners in Hope, Malawi
Dunel Rachid Frico Dorsainvil, Fondation SEROvie, Haiti
1

USAID Fahari ya Jamii

# Community Medication Refill Program- A Rural Model For Antiretroviral Therapy Access For “Unstable” HIV Patients In Kajiado County, Kenya

Presenter: Dr Susan Arodi
15th November 2022

*Disclaimer: This document was produced by USAID Fahari ya Jamii program for review by the United States Agency for International Development Kenya Mission (USAID/[Kenya]). The authors' views expressed in this report do not necessarily reflect the views of USAID Kenya/East Africa*

# PRESENTATION OUTLINE

- Background
- Approach
- Results
- Conclusion

# BACKGROUND

# BACKGROUND

*Fahari ya Jamii is a USAID-funded project working in 2 counties in Kenya, Nairobi, and Kajiado, to address HIV prevention, care, and treatment needs of the general population as well as Key populations including Men who have sex with men (MSM) and Female sex workers (FSW)*

*The program also supports RMNCAH and WASH in Nairobi county*

*USAID Fahari ya Jamii has been working in Kajiado County since May 2021; supporting 5 sub-counties*

# APPROACH

# COMMUNITY MEDICATION REFILL PROGRAM - APPROACH

*6 health facilities in Kajiado County*

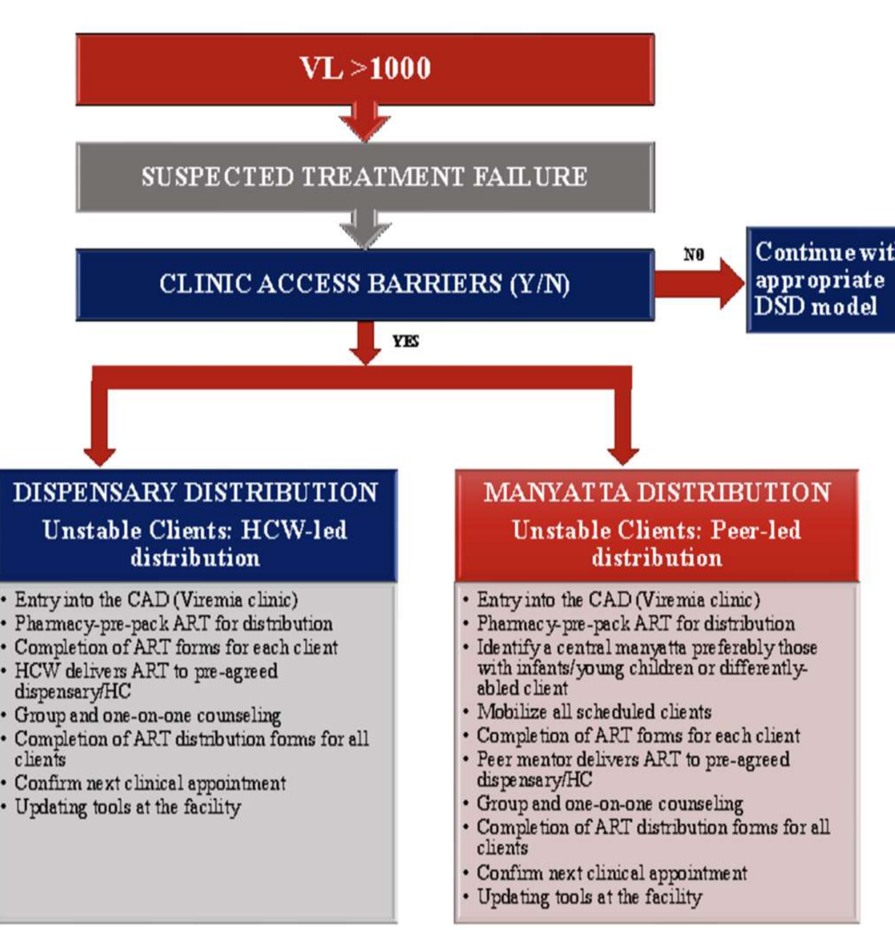
*Criteria - Viral loads >1000 copies/ml, WHO stage 3 or 4, OIs, frequently missed appointments, <5 years or ≥55 years, OVC*

*Selection - Facility MDT (case management approach )*

*Patients chose their preferred drug distribution model during routine clinic visits.*

*Community ART groups*

- *Drug refills from the facilities*
- *Distribution - non-ART dispensaries and community "manyattas"*
- *HCW-led, LHW-led or peer-led*
- *Community health volunteer (CHV) riders – home delivery for immobilized patients, those citing transport challenges and OVC.*



# *COMMUNITY MEDICATION REFILL PROGRAM FOR UNSTABLE CLIENTS*

- *More evidence base for less-intensive differentiated service delivery (DSD) models for "stable clients"*
- *Few differentiated models target "unstable clients" -advanced HIV disease (AHD), viremic, non-adherent, co-morbidities.*
- *DSD model for patients classified as "unstable" tested - facility and community distribution*

# OUTCOME MONITORING

Weekly Monitoring On Fahari Ya Jamii Dhis-2 Platform

Program/County mentors' facility allocation

Weekly reviews/feedback with S/County and facility teams

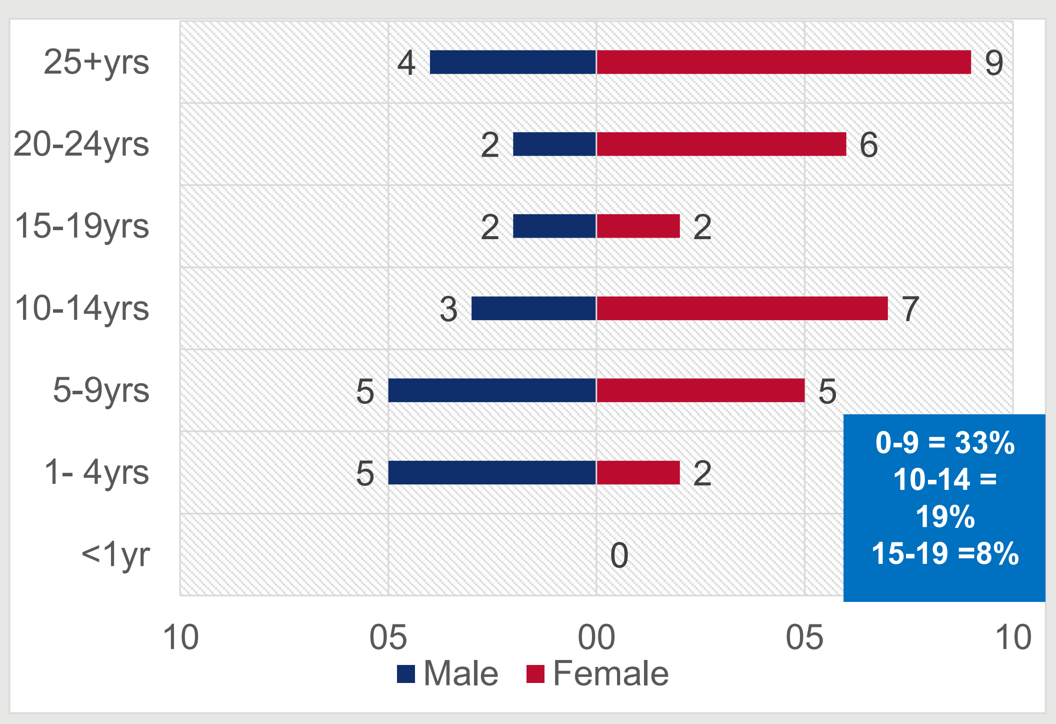
Fortnight deep dives with technical team

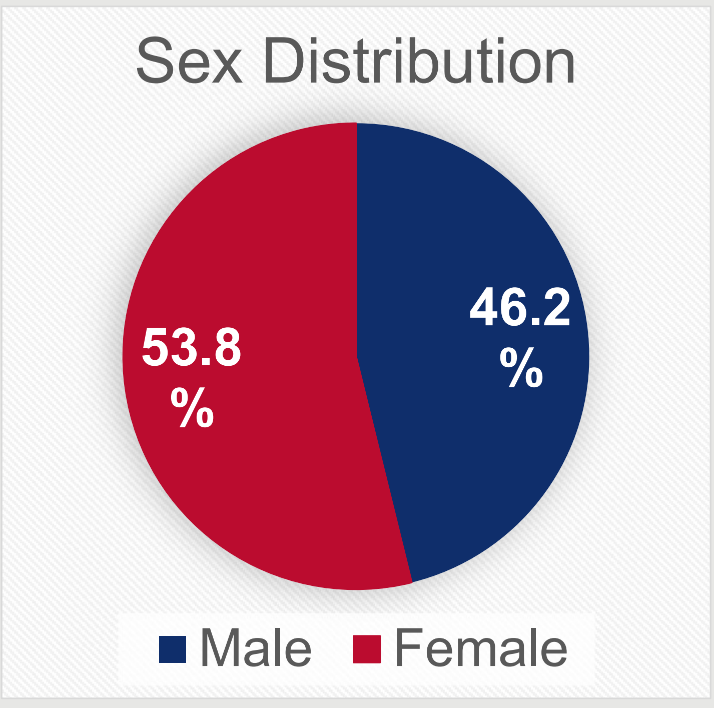
| Appointment Keeping | | | |
|---|---|---|---|
| Appointment Booked | | | |
| Appointment Kept | | | |
| Missed Appointments | | | |
| Not Contacted | | | |
| Contacted | | | |
| Reached and rescheduled | | | |
| Reached and not rescheduled | | | |
| Contacted not reached | | | |

| Attrition | | | |
|---|---|---|---|
| IIT < 1 Month (RTT) | | | - |
| IIT > 1 Month (RTT) | | | - |
| Tis | | | |

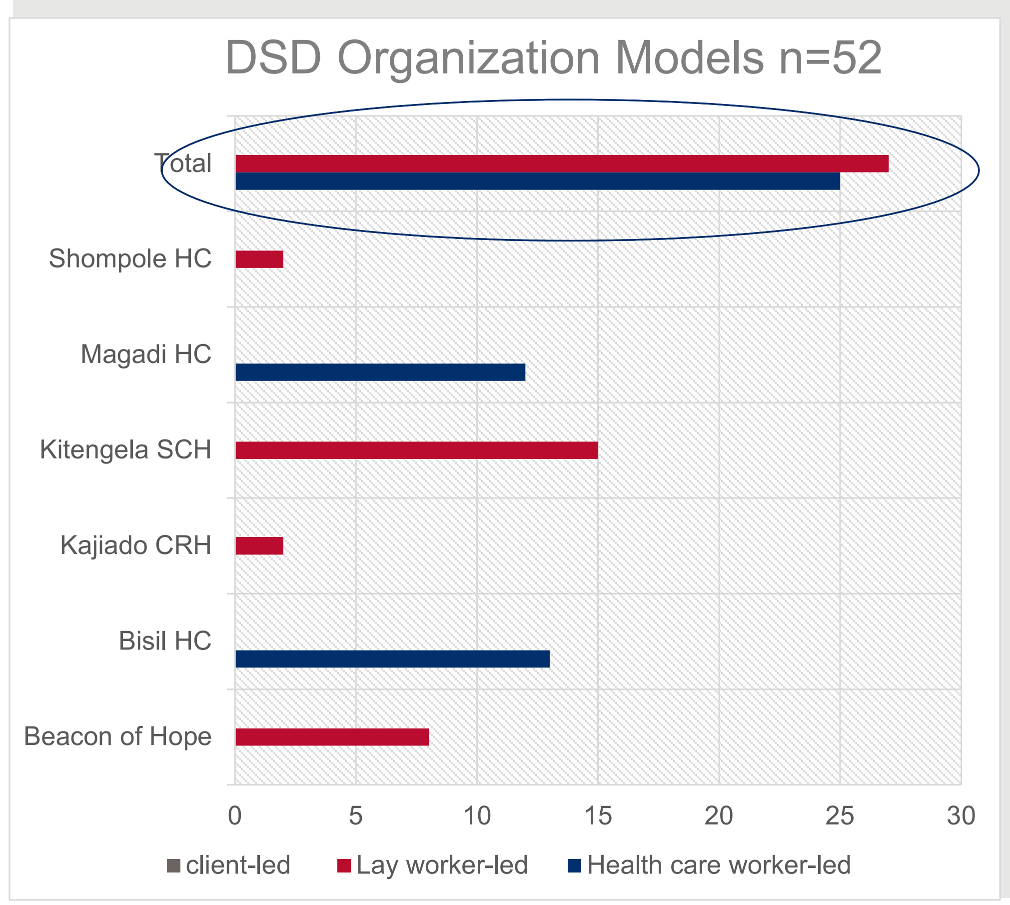
# RESULTS

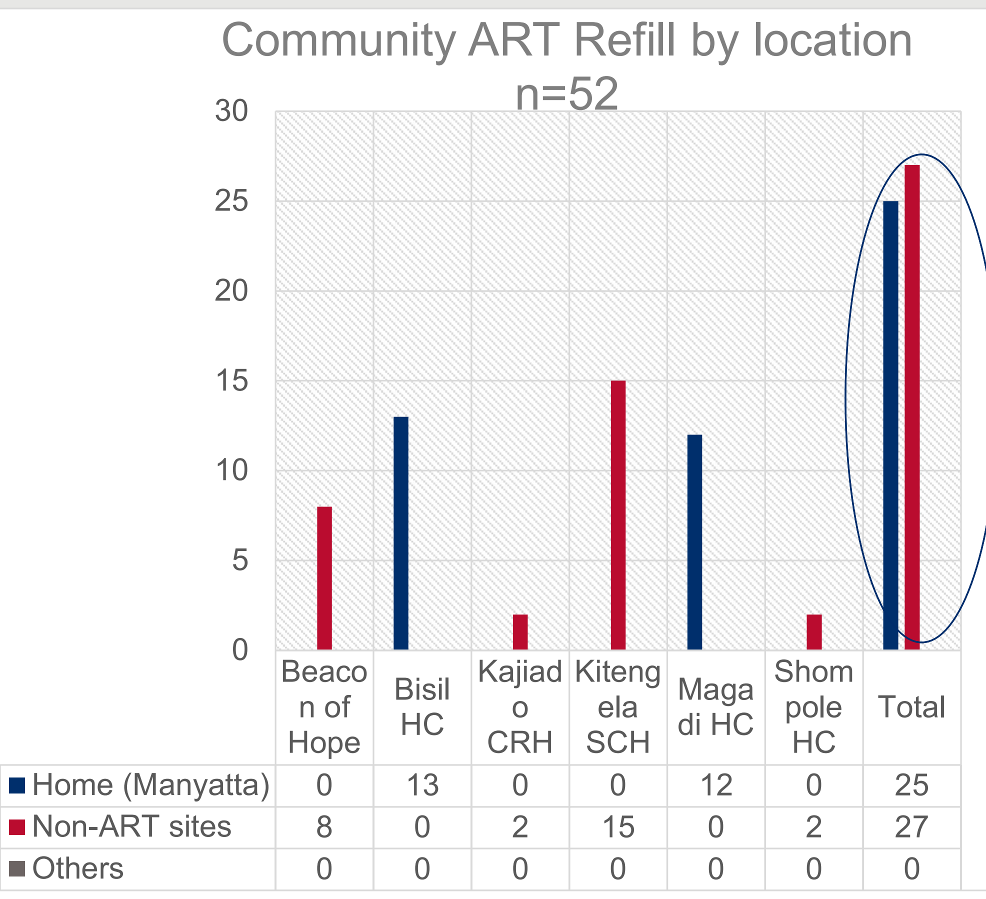
# DDD PATIENTS BY AGE AND SEX FY 22 (n=52)



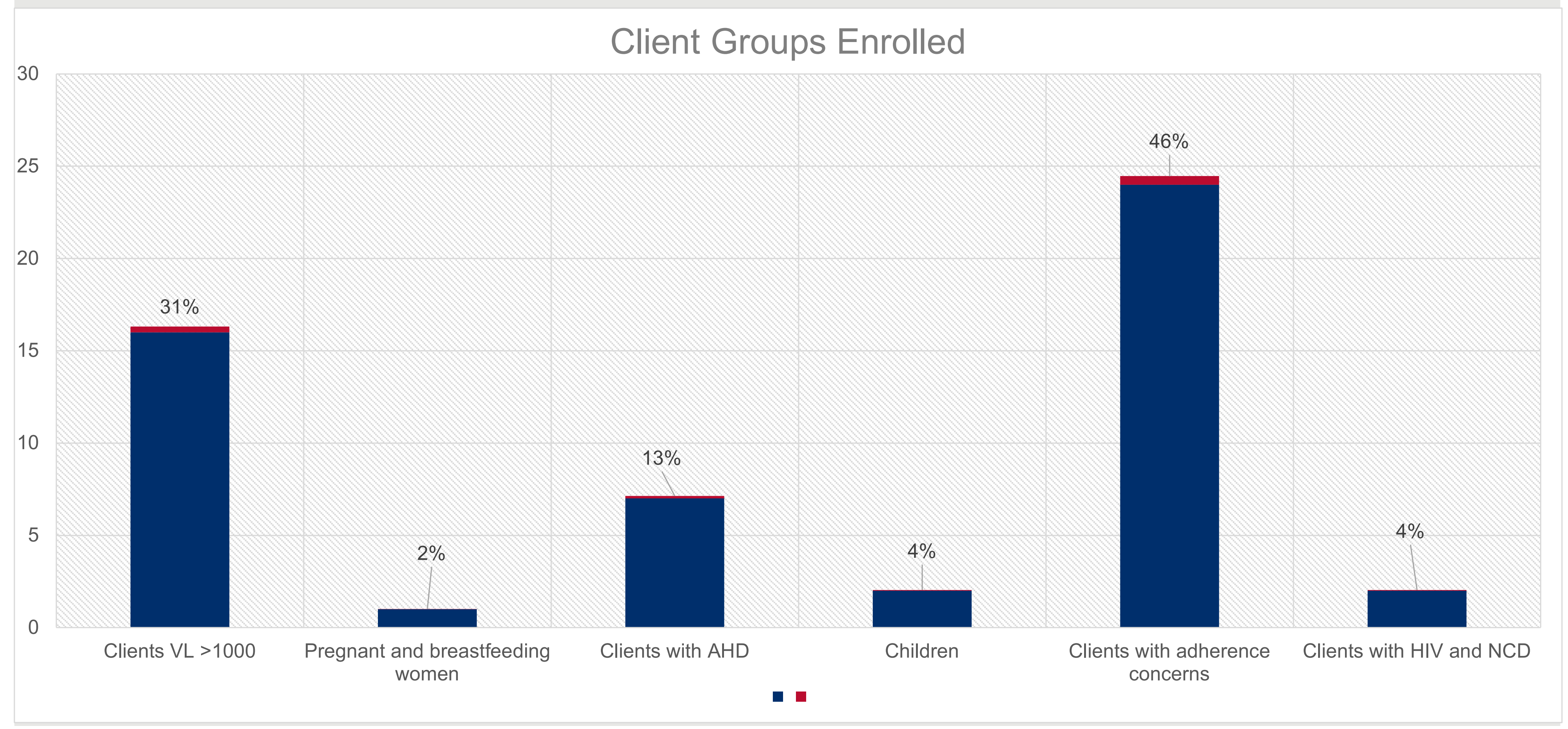
# COMMUNITY-BASED GROUP MODEL IMPLEMENTATION

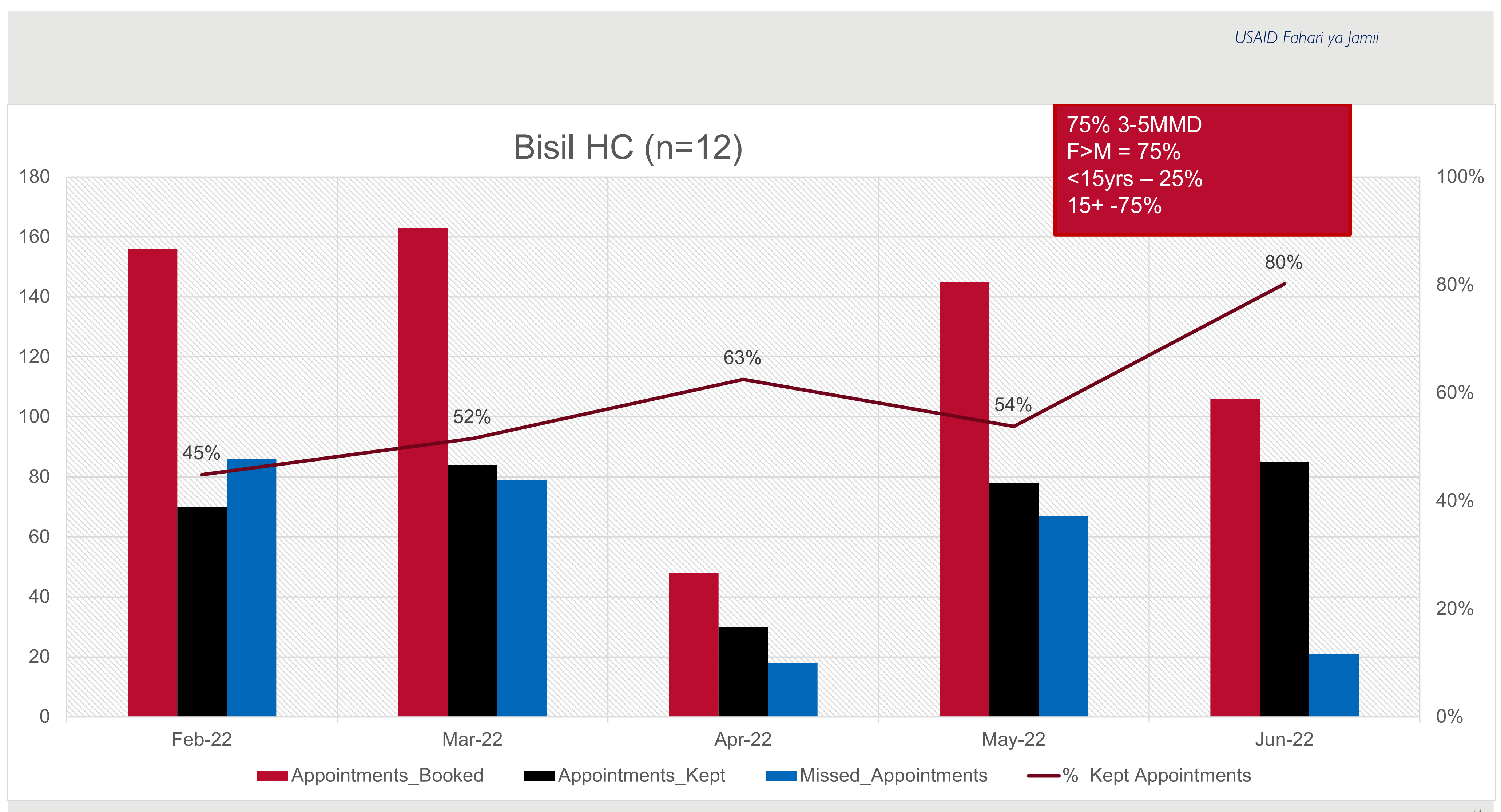



| | Beacon of Hope | Bisil HC | Kajiado CRH | Kitengela SCH | Magadi HC | Shompole HC | Total |
|---|---|---|---|---|---|---|---|
| Home (Manyatta) | 0 | 13 | 0 | 0 | 12 | 0 | 25 |
| Non-ART sites | 8 | 0 | 2 | 15 | 0 | 2 | 27 |
| Others | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# DIVERSE CLIENT GROUPS PRIORITIZED FOR DSD MODELS




USAID Fahari ya Jamii
Bisil HC (n=12)
75% 3-5MMD
F>M = 75%
<15yrs – 25%
15+ -75%
180
160
140
120
100
80
60
40
20
0
100%
80%
60%
40%
20%
0%
45%
52%
63%
54%
80%
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Appointments_Booked
Appointments_Kept
Missed_Appointments
% Kept Appointments

# FEEDBACK FROM PARTICIPANTS AND BENEFICIARIES

*"Our clients are already reporting a sigh of relief from the long distances they used to cover to come for CCC services", Elvis Saitoti, Clinical Officer, Shompole*

*"The patients feel good because it reduces distance and expenses of traveling to the hospital", Jackson Kapai, mentor father, KCRH*

*"ART distribution helps the clients to access their drugs in nearby facilities with ease which enables them from defaulting and being enrolled as lost-to-follow up", Elijah J. Tipango, HRIO, Bisil HC*

## Challenges

- Stigma- Informed the decision to have non-ART sites as distribution centers
- Commodities security – VL, CD4, SCRAG
- Distance – Long travel distance for LHWs

# CONCLUSION

# CONCLUSION

*Community medication refill programs can potentially improve appointment keeping in "unstable" patients in low resource settings.*

*Continued innovation around DSD models that consider unique patient needs in different contexts.*

KENYANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

USAID
FROM THE AMERICAN PEOPLE

UNIVERSITY OF NAIROBI

THANK YOU!

# Understanding men's disengagement from HIV care: findings from 20 health facilities in Malawi

**Kelvin Balakasi**

Partners in Hope, Lilongwe

# Three categories of disengagement

- **Not initiated ART** > *14days after testing HIV-positive*
- **Initiated but not returned** > *14days after first ART refill appointment*
- **Defaulted** *from ART services*
    - *> 28days late for last ART appointment*
- **Other important characteristics:** *Length of time outside of care; # of episodes outside of care (cyclical engagement)*

# Gaps in our understanding of men's disengagement

- *What is men's actual disengagement from care?*
    - *Limits of routine data: silent transfers, poor data entry*
    - *Clients present as ART naïve for re-engagement*
- *Characteristics of those disengaged*
    - *Do characteristics/needs vary by categories of disengagement?*
        - *What support do they need?*

# ENGAGE and IDEaL Trials

## ENGAGE

- **Title:** Engaging men through differentiated care to improve ART initiation and viral suppression (Funder: NIMH)
- **Intervention:** 3-months ART distribution at home + “warm” handover at 4-months
- **Location:** 10 health facilities in Malawi
- **Status:** Enrollment completed
- **Timeline:** Data collection complete early 2024

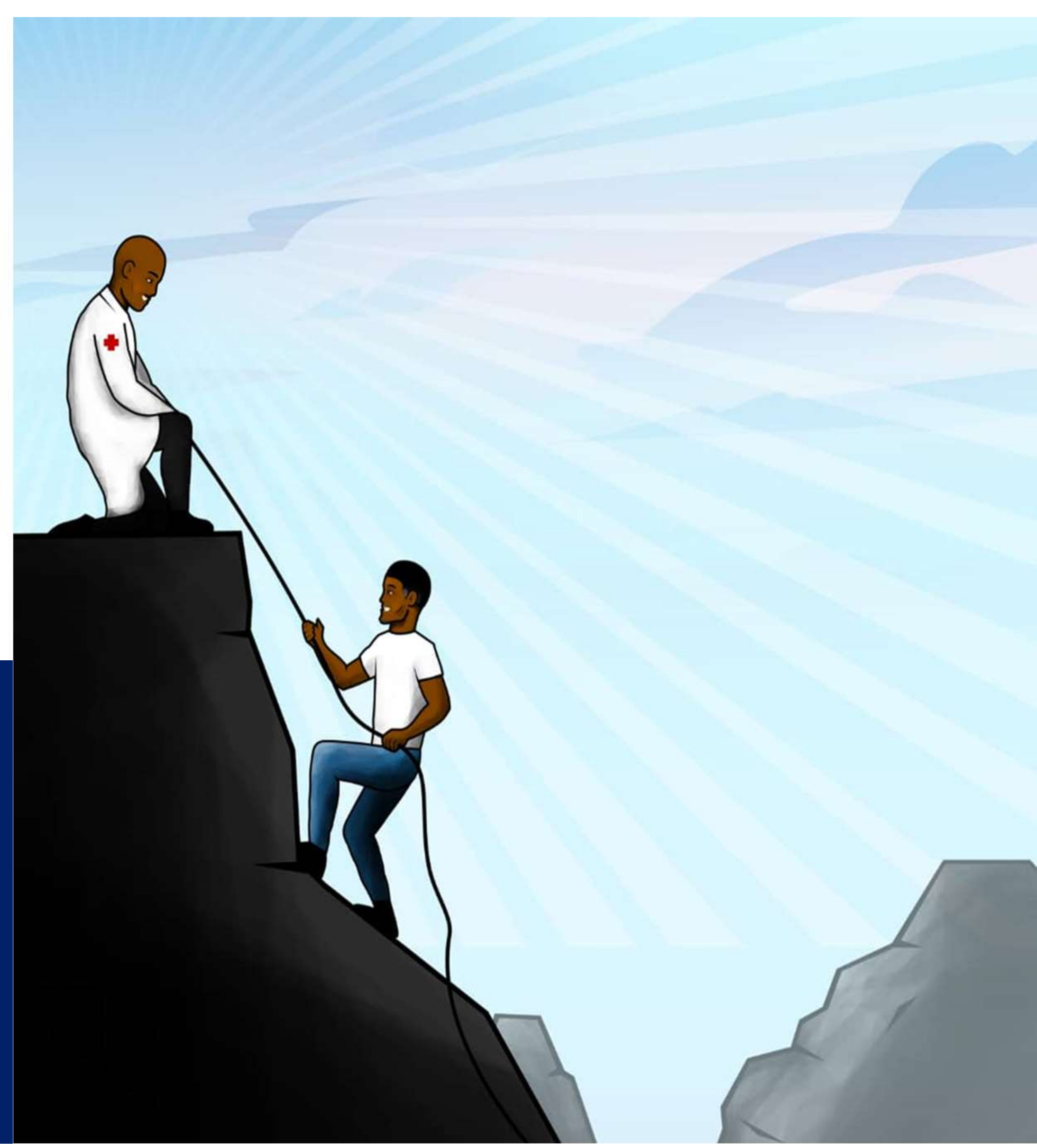
## IDEaL

- **Title:** Identifying efficient linkage strategies for men in Malawi (Funder: BMGF)
- **Intervention:** Male-tailored counseling, mentorship, and home-based initiation (stepped strategies)
- **Location:** 10 health facilities in Malawi
- **Status:** Enrollment completed
- **Timeline:** Data collection complete early 2023

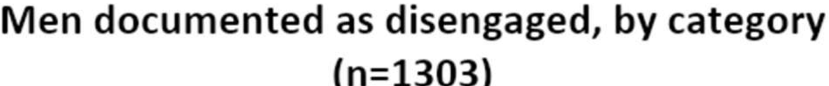
**Combined 1300 men living with HIV but disengaged from care enrolled**

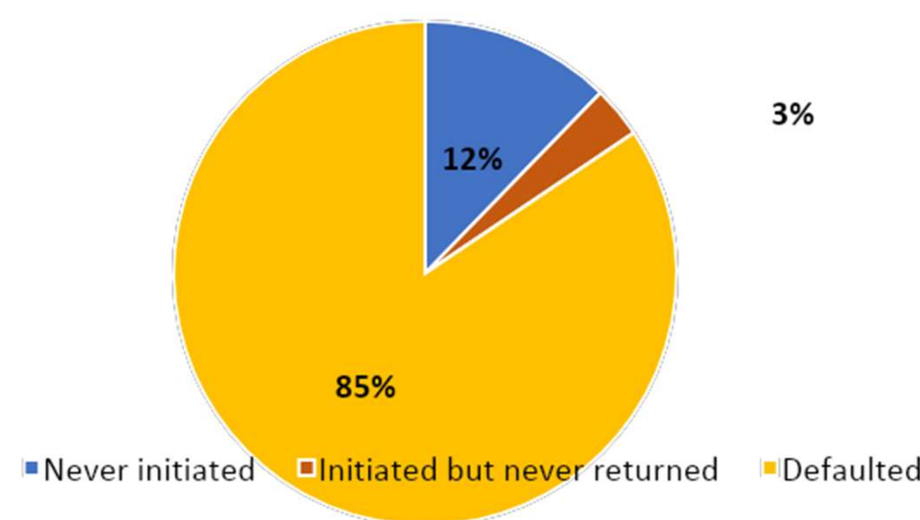
## Understand

**Outcomes for men documented as disengaged**



# Tracing attempts among men documented as disengaged



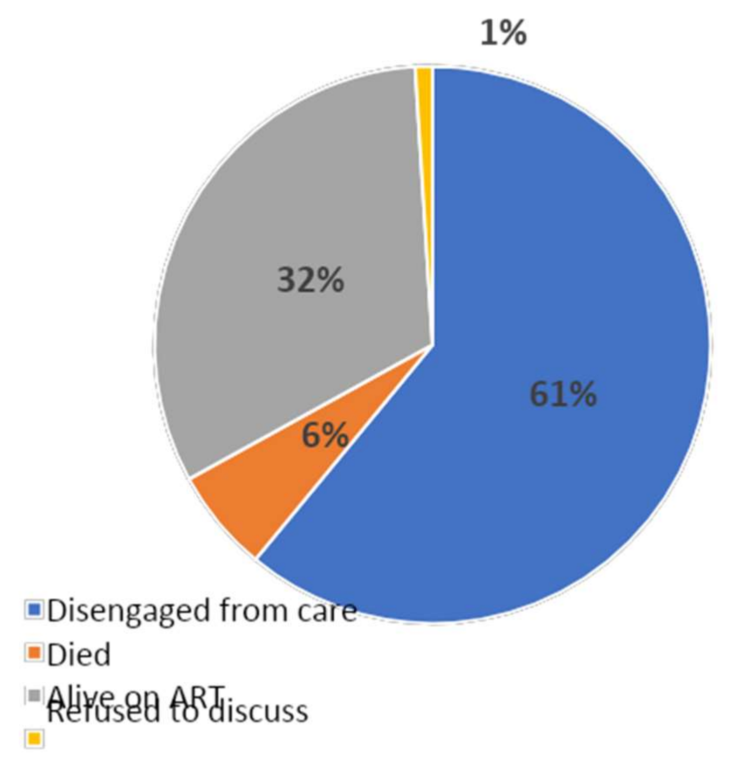




| Men in need of tracing in the past 12-months (n=1303) | |
|---|---|
| Has a phone | 290 (22%) |
| Median tracing attempts (IQR) | 2 (1-2) |
| Successfully traced | 682 (52%) |

*Common reasons for failed tracing:*

- Inaccurate residential details
- Moved outside facility catchment area
- Temporary travelled

# Outcomes among men successfully traced (n=682)

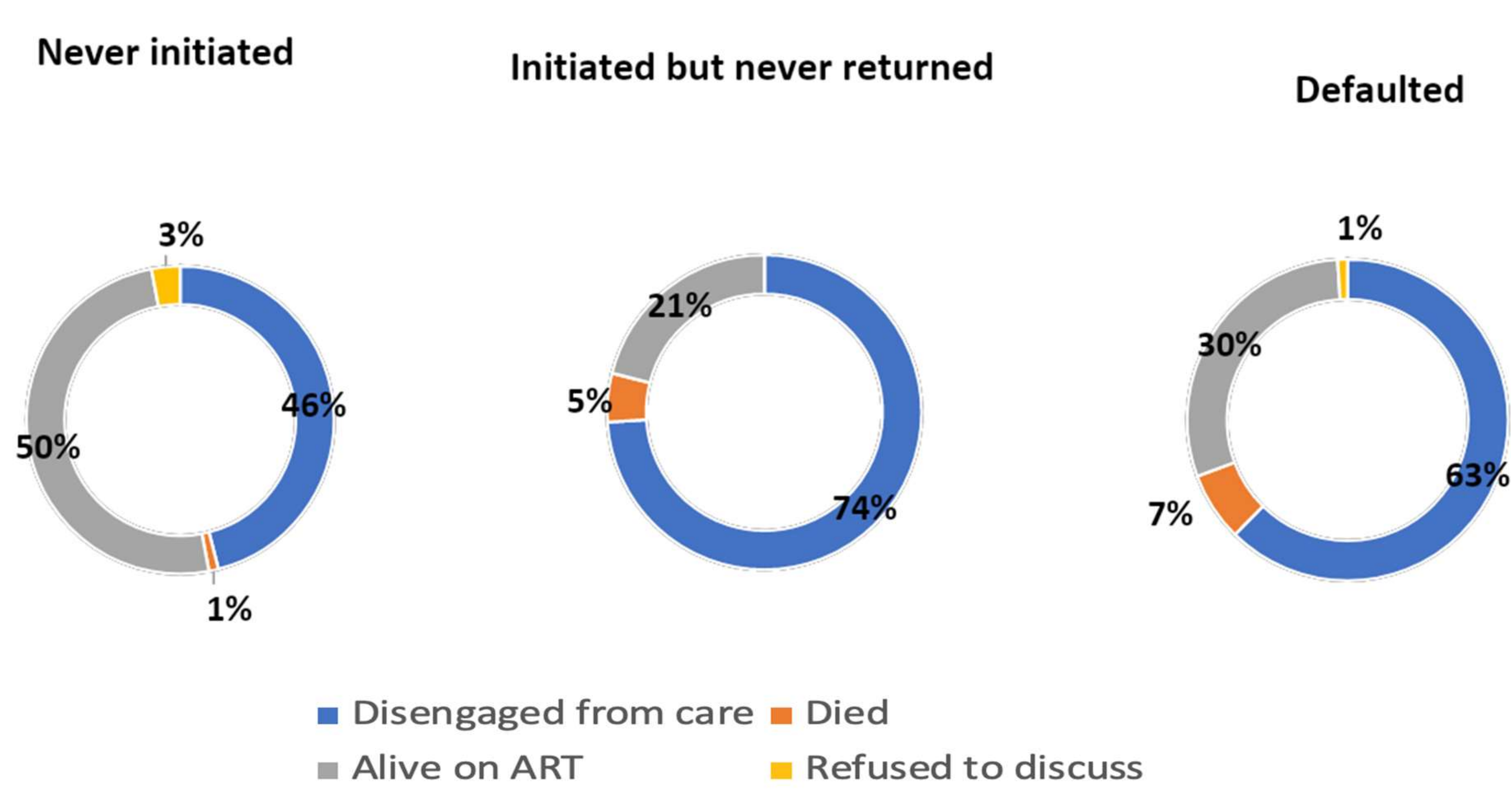



***32% of men categorized as disengaged were alive and on ART***

***Among these:***

- 53% silent transfer
- 46% active at study facility but poor documentation

# Outcomes by disengagement category (n=682)



# Lessons from tracing outcomes

## Men are doing better than we think

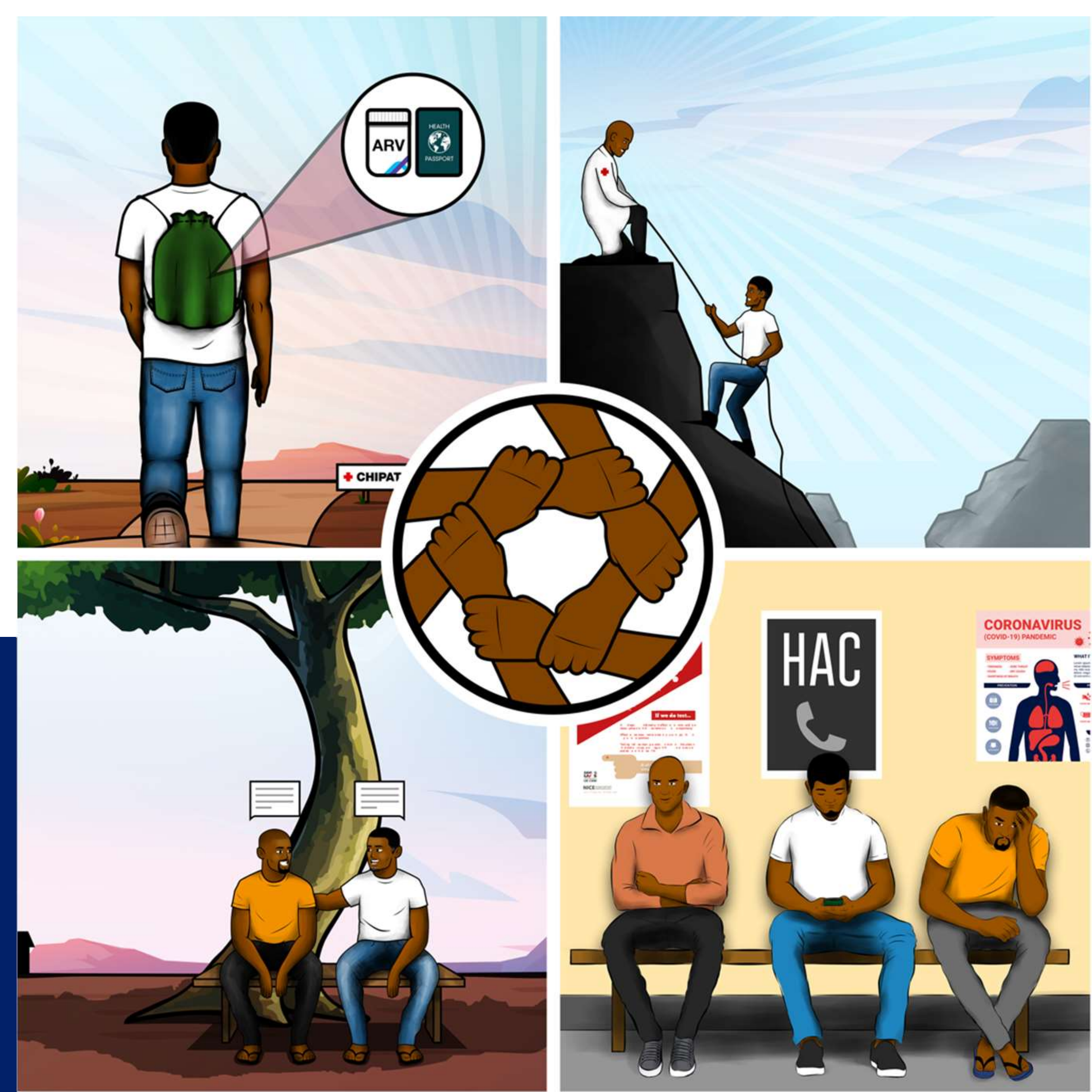
- *More accurate records and easier transfer systems are needed so:*
  - *Have a true picture of how men (and everyone) are doing*
  - *Optimize resource allocation between tracing and systems improvement*
    - *Clients who appear as out of care are actually still in care*

## Programs should focus on how to keep men in care – initiation is not enough

- *More focus should be on targeting strategies to improve long term retention among men*

# Explore

## Characteristics of men disengaged from care



# Characteristics of those disengaged (n=416)

| Variable | Disengaged | |
|---|---|---|
| | Median | IQR |
| **Demographics** | | |
| Age (years) | 39 | 35-46 |
| **History with ART Services** | | |
| Time since first initiated ART (years) | 2.5 | 2.1-3.0 |
| Time outside of care prior to being traced (days) | 40 | 25-52 |
| Stopped taking ART >1x (cyclical engagement) (n, %) | 129 | 31 |

# Characteristics of those disengaged cont. (n=416)

**Barriers to HIV care**

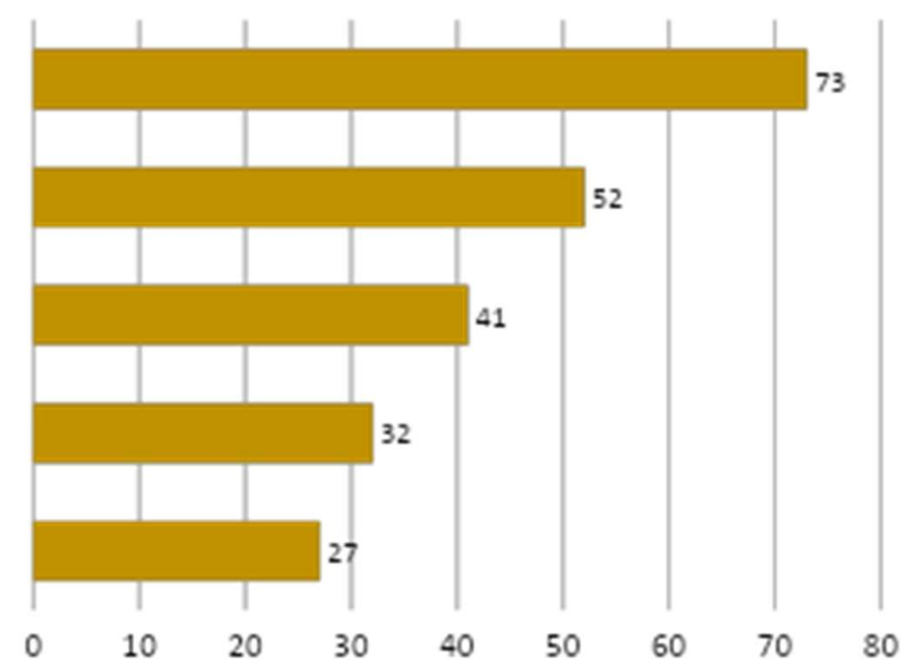
Anticipated stigma/discrimination from status disclosure

Believe most people experience side-effects from ART

Had not disclosed their HIV status to anyone besides their spouse

Mobility (>14 days spent away from home in the past 12-months)

Never talk to someone about HIV/ART



# Travel among disengaged men

**32 in-depth interviews with highly mobile men**

- **Travel is essential**

  *"If we have enough maize [food], we settle [stay home]"*

- **Travel is unpredictable**
  - Work travel is highly vulnerable to whims of employer

- **Men make major efforts to stay in care**
  - Guardian refills (11/32)
  - Emergency refills (8/32)
  - Returning from travel just to refill (8/32)

- **Most run out of ART at least once while traveling**
  - (23/28)

- **Men try to come back to care**
  - Immediately re-engaged upon return (8/23)
  - Cited fear of provider treatment as a reason to avoid re-engaging (4/23)

- **Those who did come back experienced poor/rude treatment from providers**

# Summary

- *Over 30% of men believed to be disengaged are actively in care*

- *Defaulters comprise the majority of men who disengage from care (as compared to those never initiated or initiated and never came back)*
  - *Most are mid- to older-age men (35-46 years of age)*
  - *Extended time on ART (2-3 years)*

- *Men want to stay on ART, but barriers to care are significant*
  - *Highly mobile population*
  - *Fear of stigma (and therefore avoiding disclosure and social support)*
  - *Fear of side effects*
  - *Negative provider responses and other barriers to re-engagement*

# Remaining Questions

**Cyclical reality of care amidst massive social/familial pressures:**

- *Length of time outside of care;*
- *# of episodes outside of care (cyclical engagement)*

**Characteristics of those disengaged**

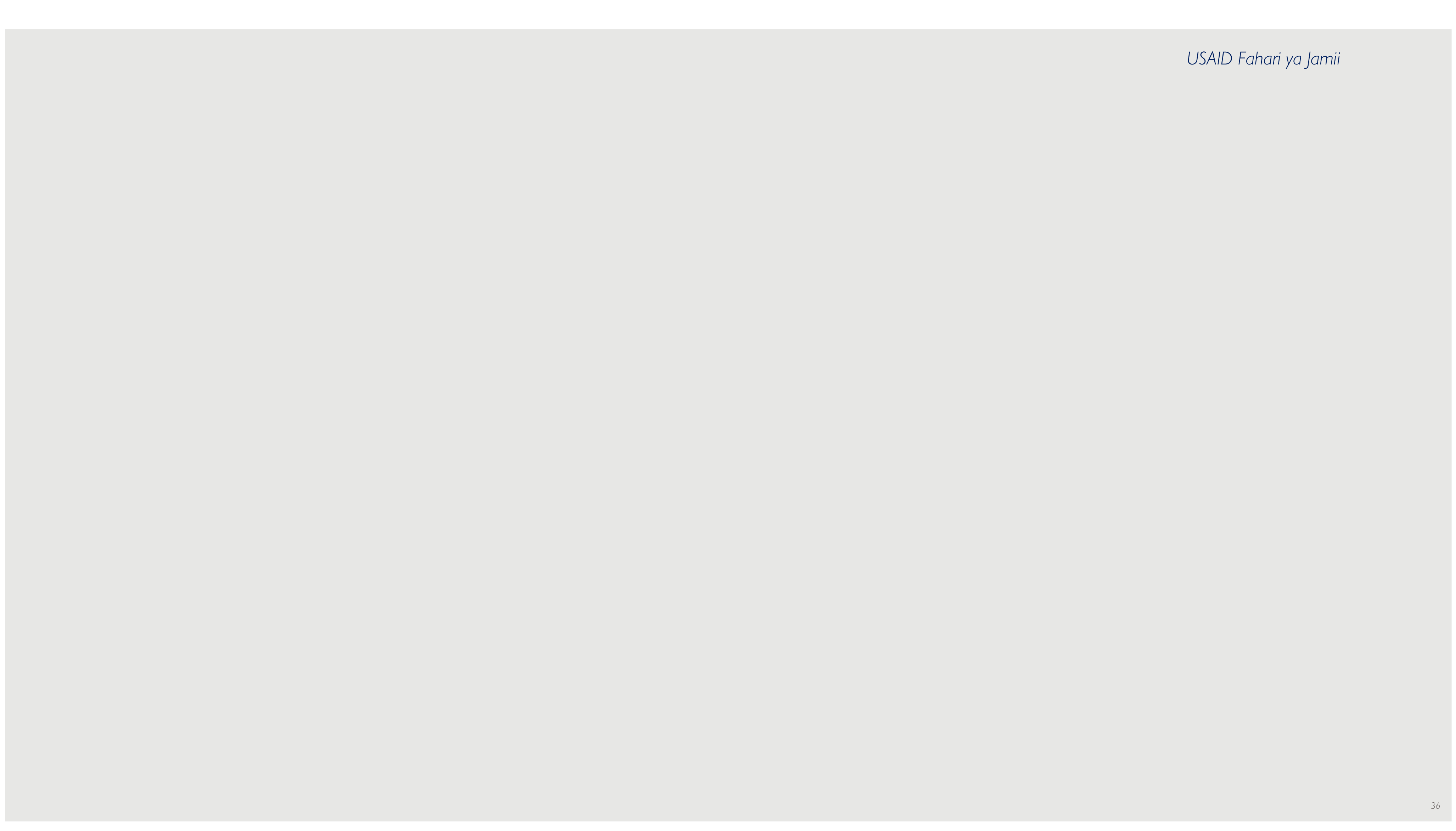
- *What support do they need to stay in care AND re-engage time and time again?*

# Acknowledgements

**Boston University** School of Public Health

**USAID Local Partner Meeting**
DSD Session

# *Thank you!*



**Adresse :** 37 rue Fernand, Canapé-Vert, Port au Prince, Haiti, WI
**Téléphone :** +509-2819-4949
**Email :** info.fondationserovie@fondationserovie.org
**Website :** www.fondationserovie.org

Session: Impact and Evaluation of novel DSD model

# Using the «Early Refill Strategy» to improve treatment continuity among key populations, Haiti, July 1, 2020, to July 31, 2022.

Alain TERARD, D. DORSAINVIL, S. LAGUERRE, S. JEAN

# BACKGROUND

- Continuity in treatment is crucial in providing comprehensive HIV care and treatment services.
- However, the national HIV/AIDS program in Haiti is struggling to retain clients in care. Haiti's national ART treatment continuity is 79.92% and for the ECP2 network, 80.66 % according to Monitoring Evaluation et Surveillance Intégrée» health monitoring system (MESI).
- During the past two years, the sociopolitical unrest and the COVID-19 pandemic negatively affected the HIV/AIDS program performance including the continuity of treatment among key and priority populations.
- Consequently, it was critical to find efficient strategies to address these concerns: **The early refill strategy**.

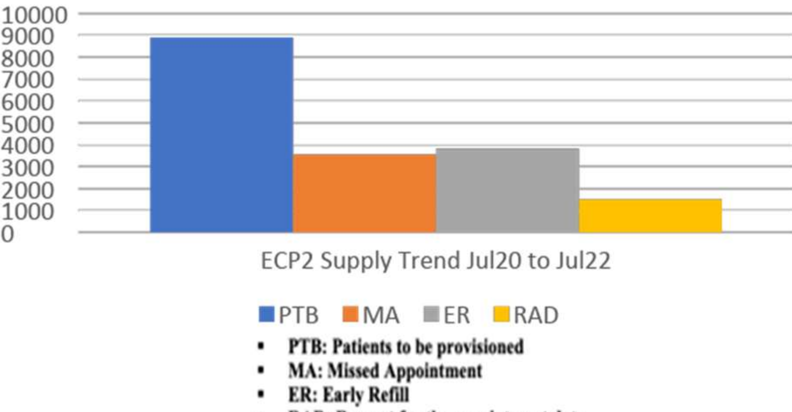
**Adresse :** 37 rue Fernand, Canapé-Vert, Port au Prince, Haiti, WI
**Téléphone :** +509-2819-4949
**Email :** info.fondationserovie@fondationserovie.org
**Website :** www.fondationserovie.org

- The « **Early refill strategy** » involves  providing patients with medication (ARVs and OIs) approximately a month before their appointment date
- **Steps**
  - Drawing up the list of appointments by the psychosocial unit one week before the end of each month
  - Double-check with the clinical team to clear the list
  - Double-check with the pharmacy/dispensation unit to ensure the availability of enough drug stock
  - Breakdown of the cohort among the peer navigators
  - Phone calls to confirm the availability of patients/clients and the location
  - Supply of patients according to their availability.
- The implementation of this strategy requires the availability of adequate tools to monitor expected visits and rigorous management of ART stocks to avoid stockouts.
- In addition, implementation teams need to make preventive calls and ensure a well-functioning of community drug distribution system.
- Data used in this presentation are collected from the national «Monitoring Evaluation et Surveillance Intégrée» (MESI) platform from all ECP2 sites over the period from July 2020 to July 2022 and use
- Lessons learned will be used to prevent treatment interruptions.

**Adresse :** 37 rue Fernand, Canapé-Vert, Port au Prince, Haiti, WI
**Téléphone :** +509-2819-4949
**Email :** info.fondationserovie@fondationserovie.org
**Website** : www.fondationserovie.org

# LESSONS LEARNED

- **From** July 2020 to July 2022, the ECP2 network was expected to supply **8,895** clients in ARTs.
- Providers used the early refill strategy to supply 40% of them.
- 17% returned to refill their treatment on their appointment date, while 43% missed their appointment.
- We learned through the early refill strategy contributing to prevent treatment interruption and ensure treatment continuity, more clients received a six-month supply (MMD-6), one month before their appointment date as required, and the more we will retain them in care. The strategy contributes largely to the continuity in care and consequently on the 95-95-95.




- **PTB: Patients to be provisioned**
- **MA: Missed Appointment**
- **ER: Early Refill**
- **RAD: Respect for the appointment date**

**Adresse :** 37 rue Fernand, Canapé-Vert, Port au Prince, Haiti, WI
**Téléphone :** +509-2819-4949
**Email :** info.fondationserovie@fondationserovie.org
**Website :** www.fondationserovie.org

# CONCLUSION

- The **EARLY REFILL** strategy proves to be **essential to improve the client's continuity in care**.
- Clients are more predisposed to be supplied, and consequently, retained in care.
- The strategy will need more evaluation to be improved and used at the network level.

**Adresse :** 37 rue Fernand, Canapé-Vert, Port au Prince, Haiti, WI
**Téléphone :** +509-2819-4949
**Email :** info.fondationserovie@fondationserovie.org
**Website :** www.fondationserovie.org

FONDATION
SERO
VIE
THANK YOU