Differentiated Care:
New Service Delivery - Treatment

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SUSTAINABLE INNOVATIONS
HIV m/t encompasses much more than ART
A lot more is required than commonly perceived!

GILADA/UMRC/MUMBAI
"The amount of time we spend at the health facility in the queues – a queue for triage, a queue for the nurse, a queue at the pharmacy and a queue for the labs – it's too much time. I want to come to the facility only twice a year... I have a life to live."

Patricia Asero Achieng, PLHIV, Kenya
Differentiated care

- Prevention: 90%
- Diagnosed: 90%
- On treatment: 90%
- Virally suppressed: 90%

Differentiated ART delivery

Why is differentiated care important?
The differentiated care framework

Includes specific care packages based on care needs.

Differentiated care is characterised by 4 delivery components:
1. the type of services delivered
2. the location of service delivery
3. the provider of the services
4. the frequency of the services
Differentiating Services for Multiple Groups
Defining Stable Patients

- Receiving ART for at least 1 year AND
- No adverse drug reaction AND
- No current illnesses or pregnancy AND
- Good understanding of lifelong adherence AND
- Evidence of treatment success:
  - Two consecutive undetectable viral load
  - Rising CD4 count or CD4>200 cells/mm³ and adherence measure


www.differentiatedcare.org
Beyond “Stable Patients”

- Pregnant/post-partum women
- Patients at high risk (advanced disease, unsuppressed VL)
- Men
- Children and adolescents
- PLHIV and co-morbid conditions (TB, NCD)
- Migrants/mobile populations
- Key populations
- Older PLWHIV
Differentiated care:
Most Important Beneficiaries

- Hard to reach populations: MSM, IDUs, rural and tribal populations
- Sex workers, hidden populations
- PLHIV with coexisting conditions, co morbidities
- May be temporarily
- To tide over specific times and situations, professions e.g. drivers, pilots,
- PLHIVs with pre existing psychological conditions
Coverage, Quality and Impact Network (CQUIN)

Countries included:
- Ethiopia
- Kenya
- Malawi
- Mozambique
- South Africa
- Swaziland
- Uganda
- Zambia
- Zimbabwe
Strength of Differentiated Care

• Comprehensive/ Holistic care: Management of co-infections (HBV, HCV, TB) and co-morbidities, PEP, PrEP, Immunization
• From the point of Long-term Commitment
• Knowledge, skills, facilities laded with current developments
• Lot of new and bold initiatives
• Patient-Centric (Public Health v/s Personalised Health) : Targeted Vs Prioritisation
• Tailor-made treatment regimen with access to and uses all lines of ART
Patient-Centric Approach

Fig. Key factors in differentiated approaches to HIV care:

- ART initiation
- Clinical monitoring
- Adherence support
- Laboratory tests
- OI treatment
- Psychosocial support
- Refills

Service intensity

Service frequency

Health worker cadre

Service location

- Monthly
- 3–6 months

- Physician
- Clinical officer
- Nurse
- Pharmacist
- Community
- Health worker
- Patient/peer/family

- HIV clinic/hospital
- Primary care clinic
- Community
- Home
Putting People at the Center

WHICH? Which clinical, laboratory and supportive services are needed?

SERVICE INTENSITY

WHEN? How often are services provided?

SERVICE FREQUENCY

WHERE? Where are services being provided?

SERVICE LOCATION

WHO? Who is providing services?

SERVICE PROVIDERS

People Living With HIV
Mismatch between Existing Indicators and Some DSD Models

Retention on ART by Month from ART Initiation

- First eligible for DSD models*
- 12-month retention on ART
- 24-month retention on ART (optional)
- 36-month retention on ART (optional)

Retention on DSD Model by Month from ART Initiation

* timing of eligibility differs based on model

CQUIN: The HIV Learning Network
Rationale for integrated M&E

• As ART models diversify and additional patients move to DSD models, ensure information is accessible to HCW

Clinic-based ART  CAG  Fast-track

M&E- Monitoring & Evaluation  DSD- Differentiated Service Delivery  CAG- Community ART Group  CQUIN: The HIV Learning Network
Combination HIV prevention

- Male circumcision
  - Gray RH, et al.[7]
  - Bailey RC, et al.[8]
- Male condoms
  - Grosskurth H, et al.[13]
- Female condoms
- Oral PrEP
  - Grant RM, et al.[3] (MSM)
  - Baeten JM, et al.[4] (couples)
  - Paxton LA, et al.[5] (heterosexuals)
- PEP
  - Schechter M, et al.[2]
- Vaccines
  - Rerks-Ngarm S, et al.[14]
- Treatment of STIs
  - Grosskurth H, et al.[13]
- Behavioral positive prevention
  - Fisher JD, et al.[15]
- HIV counseling and testing
  - Coates T, et al.[11]

Behavioral intervention
- Abstinence
- Be faithful

Note: PMTCT, screening transfusions, harm reduction, universal precautions, etc., have not been included; this is focused on reducing sexual transmission.
PEP for Victims of Sexual Assault

• Post-Exposure Prophylaxis has been in place for professional exposure to medical care-givers.
• PEP is not routinely used for the victims of sexual offences.
• It is high time that this time-tested strategy should be utilized to save rape and sexual assault victims from possible HIV infection.
• If they can be checked for Pregnancy, STDs and forensic purposes, why not for HIV?
PrEP

WE PLAY SURE
PrEP + CONDOMS

DID YOU KNOW?

There's MORE THAN 1 way to prevent HIV.

Prep for your future.
ONE PrEP PILL A DAY IS 99% EFFECTIVE AT PREVENTING HIV.

To learn more about PrEP, call Evergreen at 716.541.0676 or visit takeprep.com.
Challenges

• Lack of full-time trained/qualified HIV physicians leading to acute shortage of dedicated HIV physicians

• Keeping their interest live and bringing more doctors in this field is a daunting task

• Stigma continues, come what you do

• Neither the entire private sector is keen in HIV care, nor everyone rejects/dejects PLHIV
Disability-Adjusted Life Year (DALY)

The **DALY** is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. It was developed in the 1990s as a way of comparing the overall health and life expectancy of different countries.
Advantages – Cost Saving

• If used to enable differentiated HIV care (whereby the frequency of clinic visits for patients stable on ART are reduced, with resulting cost savings),
• VL monitoring is expected to be cost-effective even in the most resource-constrained settings.
• The costs of VLT and the savings in non-ART programme costs (as a result of differentiated care) are uncertain but crucial in determining whether routine VL monitoring is cost-effective.
• Introduction of VL-informed differentiated care accompanied by a high switch rate would lead to a substantial improvement in DALYs averted with a potential reduction in cost, compared with the current situation.
Over the years.....
Goa back to square one on AIDS discrimination: Doctor

Lisa Monteiro | TNN | Updated: Aug 30, 2018, 07:29 IST

PANAJI: Dr Ishwar Gilada fought for the release of a Goan HIV+ patient, Don D’Souza, after he was ostracised and subjected to forced isolation back in the 1980s, says the discrimination continues several decades later.

“The state is back to square one,” rued Gilada, president of the Aids Society of India, who was one of the first physicians in the country to fight against discrimination.
An anonymous HIV positive woman shares her fears and grief at Wadi
Mobile Clinic Strategy

- Mobile Clinic Parked
- Public Announcements
- Group Meetings
- Q/A session IEC & Condom Distribution
- Mobile AIDS Exhibition
- HIV Counseling → Testing

Be Good!
If you can’t, be Careful!
In any case, be informed!
PHO raised alarm about Call Girls, Bar Girls, High-Class Sex Workers

The Afternoon 9, November 1994

AIDS VIRUS KNOWS NO DISCRIMINATION

Dr. Gilada warns against high-class prostitutes

By J. Dey

The popular belief that AIDS virus spreads only through direct, cheap prostitution in the red light areas has been blasted by Dr. I. S. Gilada, secretary general, Indian Health Organisation. The generation of para-prostitutes includes call-girls, dancers, bar waitresses and female massage parlour attendants. Even a high-class prostitute with a single sex session a month can also carry the disease.

According to IHO's conservative estimates, the percentage of acquir-. . .
Need for Advocacy

- Health Insurance
- Adult Immunisation
- Death Certificates
- Non-discriminatory practice
- HIV friendly referral network
- Adoptions
- Prevention of partner cheating
- Positive-positive; Positive-Negative alliances
- Organ donation/transplants in PLHIVs
IMMUNIZATION

• Adult Immunisation
  - Typhoid
  - Hepatitis-B
  - Pneumococcal vaccine
  - HPV
  - H1N1, other need-based vaccines

• Paediatric Immunisation – same as in uninfected children, except when severely immunocompromised
FAMILY FRIENDS, WELL-WISHERS & CARE-GIVERS on ONE PLATFORM
Positive-Positive; Same-Sex Marriage
+ve to +ve Organ Transplant is possible

Live Life...Give Life
Peoples Health Organisation (India) invites you to a musical evening to support Organ and Cadaver Donation

presenting
Agar Tum Na Hote
Greatest Hits of Rajesh Khanna
by MUSICOLOR

on Thursday 29th December 2016, 8 pm at Swatantryaveer Savarkar Rashtriya Smarak, Shivaji Park, Dadar West, Mumbai.

Music: Deva Bangera & team
Anchor: Rajesh Subramanian
The verdict: There is no "one fit all" ARV regimen > Individualize - 4Cs
Thank you all very much &
Wish you a Happy, Healthy and Promising New Year 2019!