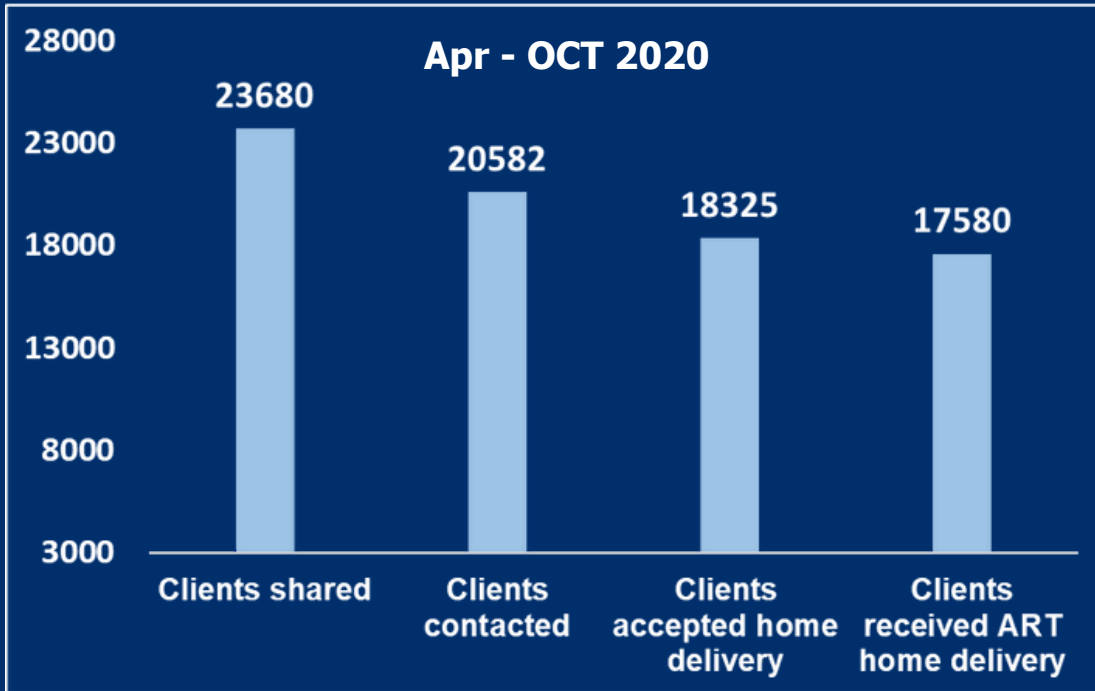


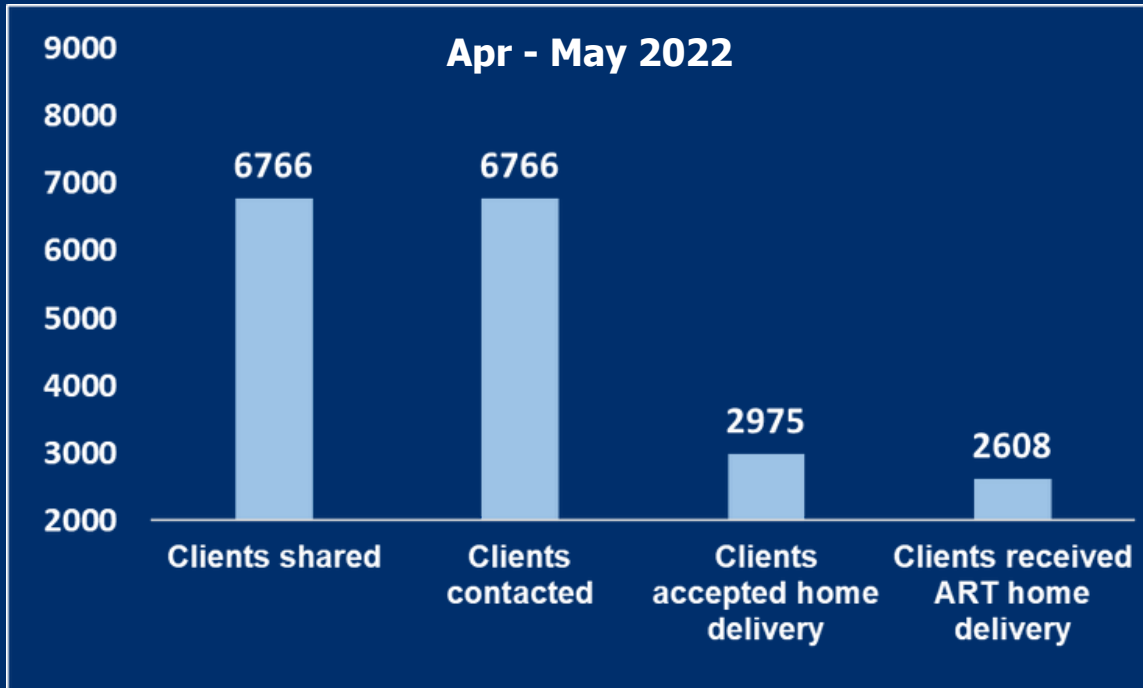
DIFFERENTIATED HIV SERVICE DELIVERY MODELS AND HOME-DELIVERY OF ART DURING COVID-19

Cascade of clients who received ART home delivery services in TL

First Wave of COVID-19 - Telangana



Second Wave of COVID-19 - Telangana



DIFFERENTIATED HIV SERVICE DELIVERY MODELS AND HOME-DELIVERY OF ART DURING COVID-19

Background

- To advance progress towards UNAIDS 95-95-95 goals, there is an **urgent need** to advance a **client-centred approach** across NACP initiatives
- **Differentiated Service Delivery (DSD) models improve clients' experience** and hold healthcare programs accountable to communities
- NACO promotes decentralized approaches and is already deploying **comprehensive care, support and treatment strategies** to improve the quality of care
- During the COVID-19 pandemic, mobility restrictions and **lockdowns posed a threat** to the gains achieved through the ART program
- NACO promoted DSD strategies, and major **adaptations** were implemented to ensure the **continuity of treatment services**

Relevant Population

People living with HIV (PLHIV) on ART



Action

- At the start of the pandemic, there was a **consultation** meeting led by TSACS with partners
- An operational plan was developed to implement **home-based ART dispensation and a reporting mechanism to track progress**
- A **list of HIV clients** on ART was shared with ACCELERATE by Telangana State Aids Control State (TSACS). The team contacted clients to **seek consent for home delivery**
- Among clients who consented, **outreach workers** delivered ART at the client's home or a convenient location chosen by the client
- Following NACO's guidance, **multi-month dispensing (MMD) criteria was expanded** to cover unstable clients on ART
- Among those considered eligible, ART medication was dispensed for up to three months, **diminishing the need for face-to-face interactions**
- For missing clients, the main reason was **incorrect contact information**
- **Fear of family or neighbors finding their HIV status** or being unable to hide several boxes during MMD dispensation were cited as reasons for opting out

Significance

Most clients were able to maintain optimal **treatment adherence** during the pandemic.

Expanding home or field-based ART delivery as a standard-of-care could improve treatment retention rates. Other DSD strategies include community networks, tele-counseling, or decentralization of refill services beyond the designated ART center

Number of clients who accepted the service and received ART home-delivery in Telangana cluster districts

17,580

During 1st wave
of Covid-19
(Apr-Oct 2020)

2,608

During 2nd wave
of Covid-19
(Apr-May 2021)

CLIENT-CENTRIC APPROACHES TO IMPROVE HIV CARE AND TREATMENT OUTCOMES AT ART CENTRES

Background

- Successful management of HIV includes **lifelong ART administration**
- To achieve optimum health outcomes, PLHIV need to be supported right from HIV diagnosis to viral suppression
- However, for multiple reasons, PLHIV might face adherence challenges and drop out from treatment
- The COVID-19 pandemic and the respective lockdowns posed an additional burden to clients to maintain optimal adherence

Relevant Population

People living with HIV (PLHIV) on ART at government ART centres

Focus Strategy

- In collaboration with NACO and SACS, ACCELERA introduced **peer-led approaches and treatment buddies** to assist ART centers in adopting **client-centric approaches**
- Some of the supported activities include:
 1. Assisted linkage from **testing to the treatment site**
 2. **Peer-led counselling** for preparedness and follow-ups for rapid ART initiation.
 3. Rapid response through **reminder calls** for missed visits
 4. Follow-up with patients to ensure **viral load testing**
 5. **Enhanced adherence counselling for unsuppressed clients**

Significance

Interventions designed to **monitor ART adherence and rapid response to treatment interruptions** are key to ensuring adequate treatment uptake continuation and viral suppression

97% New registered PLHIV initiated on ART

98% Quarter-on-quarter retention among clients on ART

91% Virally suppressed among those tested



VIRAL LOAD TESTING SURGE IN TELANGANA PEPFAR-CLUSTER DISTRICTS

Background

- The goal of HIV treatment is to achieve **sustained virological suppression (VS)**, allowing immunological recovery and reducing the risk of transmission
- **Viral load (VL) testing is critical** to monitoring treatment efficacy and HIV viral suppression
- The COVID-19 pandemic in India and the consequent lockdown resulted in **disruptions in VL testing services**
- By September 2020, only **29% of eligible PLHIV conducted VL tests** in Telangana PEPFAR-cluster districts

Relevant Population

People living with HIV (PLHIV) on ART at government ART centers



Action

- NACO, SACS and partners conducted a **situation analysis of viral load testing services**
- A **Viral Load Surge Plan** (Jan-Jun 2021) was developed and approved for implementation with the support of Accelerate and other partners
- The objective was to **increase VL testing uptake by optimizing and expanding the laboratory network** in the area and linkage to ART centers
- ACCELERATE supported the intervention by:
 1. **Strengthening the M&E system**, and cleaning the MLL and MPR. Ensuring SOCH entry and updating of VL register
 2. Conducting **site readiness assessments** of ART centres and VL laboratories and developing site-level plans
 3. **Optimize the utilization of PPP** and public health VL laboratories
 4. **Sample referrals and cold chain** plasma transportation
 5. Synergy with Vihaan for joint trainings and **community mobilization**

Significance

The described approach, expansion in laboratory capacity and linkage to testing significantly improved viral load coverage

76,343

viral load samples were collected
(Sep 20 - May 22)

29%

September 2020



69%

May 2022

People with viral suppression

ASSISTANCE TO e-SACEP IN TELANGANA

Background

- Due to the surge in viral load testing coverage at ART centres (Jan-Jun 2021) , there was an **increase in identified HIV-unsuppressed clients, leading to additional demand for SACEP**
- The increase in demand led to a delay in SACEP response between **1 to 3 months** for consultation of the cases referred by the ART centres

Relevant Population

People living with HIV (PLHIV) on ART that are virally unsuppressed



Action

- In collaboration with NACO and TSACS, ACCELERATE provided **technical assistance in developing and implementing e-SACEP** to downstream SACEP consultations
- **Formation of an expert panel** comprising the existing SACEP team of Gandhi CoE, Additional Project Director and SIMU of TSACS, SMO from ART+ centres and the ACCELERATE team
- A **dedicated email ID** was created by TSACS and used for centres to provide patient details for SACEP consultation
- Consultation with CoE on finalization of the process and implementation of e-SACEP

Significance

The establishment of e-SACEP was a key strategy to reduce turnaround time and contributed to the client's transition **to the DTG** regimen

The turnaround consultation time was reduced to **less than 1 month**

73 → **740**
Apr 20-Mar 21 Apr 21-Mar 22

Increase in referrals after e-SACEP implementation

*from selected ART centers

USE OF VERBAL AUTOPSY TO DETERMINE CAUSE OF DEATH AMONG REGISTERED PLHIV AT ART CENTERS

Background

- Verbal autopsy is a method of ascertaining the cause of death by interviewing the caretaker of the deceased to obtain information on clinical symptoms and general circumstances that preceded the death
- Accepted, validated and standardized method by WHO
- Project ACCELERATE provided assistance to NACO in conducting verbal autopsy across 28 sites in 18 States of India

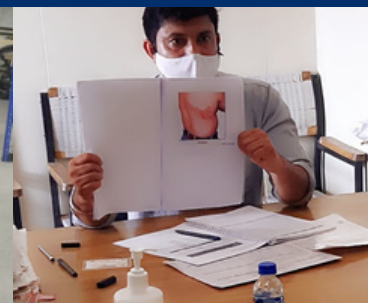
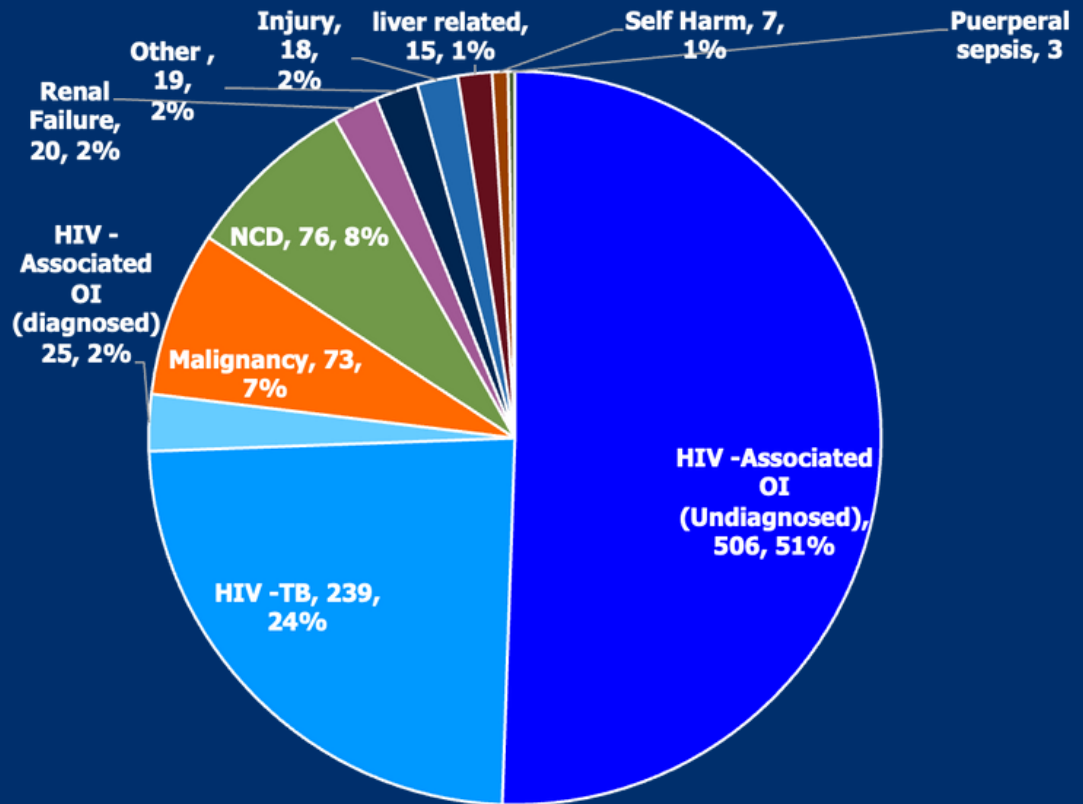
Observations

- Most common cause of death - HIV-associated opportunistic infections (75%). Majority among these lacked reports of diagnosis.
- Malignancies and cardiovascular diseases are the most common non-HIV-related causes
- Malignancy comparatively higher among females: cervix and breast
- Majority of respondent reported non-institutional deaths however care was accessed during final illness

Recommendations

- Developing systems to ensure data sharing between IPD and ART center
- Strengthening advanced disease management. Exploring symptomatic approaches
- Capacity building on prophylaxis, diagnosis and management of opportunistic infections
- Strengthening prevention, screening, diagnosis and management of non-communicable diseases

Cause of Death – (n=1001)



SELF-VERIFIED ADHERENCE

Background

- Nearly **30% of PLHIV newly initiated on ART** tend to be **lost to follow-up (LFU) within the first three months** of initiation due to various adherence-related issues
- Additional tools that leverage technology could improve adherence in PLHIV and facilitate easy monitoring from ART Centres.

Relevant Population

People living with HIV (PLHIV) on ART at government ART centres.



Focused Strategy

- Self-Verified Adherence is an information communication technology-based intervention that **supports newly enrolled ART patients** to boost their daily adherence by **giving a missed call** and enabling ART Center staff to support them virtually through a **digital dashboard**
- The system allows **patients to communicate the consumption of their daily doses** by giving a missed call on a **toll-free number** so that staff can intervene, prioritize and counsel them as needed
- ACCELERATE supported the integration of the **SVA system with NACO's 1097 platform** for reducing the load of counselling on ARTCs and outreach workers.
- SVA is being implemented across **49 ART centres in 17 states**

Significance

7,044 new PLHIV enrolled on SVA from July 2021 to September 2022

86% reported average digital and manual adherence

95% PLHIV are virally suppressed

This tool can also assist outreach workers to prioritize PLHIV for further counselling and support through home visits

