Equity not equality of services: Case of HIV Differentiated Service Delivery Model (DSDM) in Rwanda

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Presentation outline

1. Definition of key terms
2. Background and rational
3. Implementation Methods/Process
4. Results
5. Conclusion
Definition of Key terms
“It’s not about everybody getting the same thing, It’s about everybody getting what they need in order to improve the quality of their situation.”

- Cynthia Silva Parker
Differentiated services delivery:

“An approach that simplifies and adapts HIV services to better serve the needs of people living with and at risk of acquiring HIV and reduce unnecessary burdens on the health system”. (WHO)
Background and rational
National HIV treatment pathway over 10 years

- CD4 < 200 as eligibility criteria
- Program scale up

2005

- CD4 < 200
- WHO Stage 4

2007

- CD4 < 350

2009

- CD4 < 500
- WHO Stage 3 or 4
- Test and treat: Hep B or TB coinf., SDCs, Option B+, U-5, KP (FSWs, MSM)

2011

- CD4 <350
- Test and treat: Hep B or TB coinf; SDCs, PMTCT B+, U-5

2013

Treat All & DSDM

2016

2018

Most effective molecules

Adapted, RBC 2018
HIV Treatment Coverage success

• Rwanda HIV program on the right direction towards achieving the 90-90-90 global targets,
• HIV epidemic control in the near future;
• The National roll out of ART started in 2003 progressively based on CD4 threshold
• Since July 2016 Rwanda started the implementation of “Treat All” strategy.
Treatment Coverage success

• “Treat All” was another golden opportunity to increase the number of patients on treatment;
• BUT, there was a foreseeable burden to the existing health systems due to a disproportionate increase in the number of patients versus the number of health care providers.
Treatment Coverage success

Combination of a high treatment coverage and the duration of treatment programs gave:

➢ a cluster of patients who have been on treatment for a long time;

➢ Some stable on treatment as defined by their biological and clinical parameters
Treatment Coverage success

The need of monthly visit was not equal to all...

A DSDM has been one of mitigation strategy towards:

➢ reducing the burden of healthcare providers and

➢ Reduce patients’ burden visiting health facility on monthly basis.
3 Implementation Methods/Process

Patients categorization, since December 2016, into 2 groups:

➢ Stable: with less visits to the clinic
➢ Unstable: with monthly clinical visits

Community support through PE put in place

Categorization and visits schedule as below chart:
Flow chart for Differentiated Service Delivery Model

- **Category**
- **Eligibility**
  - **STABLE A**
    1. Adults on 1st & 2nd line (≥ 18 months) with 2 consecutive Viral Load suppression <200 RNA copies
    2. Good adherence
    3. Willingness to be part of stable group
  - **STABLE B**
    Stable A plus one of:
    1. Children ≥ 2 yrs.
    2. Adolescents
    3. Key populations
    4. HIV co-infection (TB & Hepatitis B&C and NCD)
    1. New patients <18 months on ART
    2. HIV infected with mental disorder, malnutrition
    3. Children <2 years
    4. Pregnant & lactating women
    5. Patients with no viral suppression
    6. Patients on 3rd line
- **Frequency**
  - 6 months clinical visit and 3 months' pharmacy visit
  - 3 months clinical visit and 3 months pharmacy
  - Continuous Patient revaluation and categorization

**Note:**
- Patients can move to unstable to stable and vice versa
- Stable group is composed by two subgroups Stable A and Stable B
- Patients can also move from stable A to stable B vice versa
Results

• By December 2017, a year later, 47.6% of patients on ART have been classified as stable.
• Thus are coming to health facility for their drug refill on quarterly basis and clinical visit every 6months.
• The classification of patients is dynamic and the number of stable patients is increasing with the time.
Conclusion

• The spacing of visits is one of strategies to mitigate health facilities workload but also patients’ burden to visit clinics on monthly basis.

• This is also a motivation tool for patients with poor adherence for future VL suppression.

• An evaluation in place will inform the program on how the model can be improved
Thank you