



KEY CONSIDERATIONS FOR DIFFERENTIATED ANTIRETROVIRAL THERAPY DELIVERY FOR SPECIFIC POPULATIONS:

CHILDREN, ADOLESCENTS, PREGNANT AND
BREASTFEEDING WOMEN AND KEY POPULATIONS





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ABBREVIATIONS

ART	antiretroviral therapy
ARV	antiretroviral (drug)
CDC	United States Centers for Disease Control and Prevention
HIV	human immunodeficiency virus
NAT	nucleic acid test
PCR	polymerase chain reaction
PEP	post-exposure prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITIONS USED IN THIS DOCUMENT

Differentiated service delivery is 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. For example, under a differentiated service delivery approach, people who are clinically stable on treatment would have a reduced frequency of clinic visits and medication prescribing, allowing health service resources to focus on care for people who are ill and need intensive clinical follow-up.

Differentiated antiretroviral therapy (ART) delivery is used to describe a series of management approaches that align with the clinical status (clinically stable or unstable) of people living with HIV and their needs and preferences. This document focuses on differentiated ART delivery for clinically stable people living with HIV receiving ART.

Age groups. The following definitions for adults, adolescents and children and infants are used to ensure consistency within these considerations. A child is a person younger than 10 years old; older children are 5–9 years old. An adolescent is a person 10–19 years old inclusive.

Key populations. Groups who, because of specific higher-risk behaviour, are at increased risk of HIV irrespective of the type of epidemic or local context. The members of key populations frequently face legal and social challenges that increase their vulnerability to HIV, including barriers to accessing HIV prevention, testing and treatment services. Key populations include (1) people who inject drugs, (2) sex workers, (3) men who have sex with men, (4) transgender people and (5) people in prisons and closed settings.

EXECUTIVE SUMMARY

Differentiated service delivery, also referred to as differentiated care, is 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. For example, under a differentiated service delivery approach, people who are clinically stable on treatment would have a reduced frequency of clinic visits and medication prescribing, allowing health service resources to focus on care for people who are ill and need intensive clinical follow-up. Differentiated service delivery applies across the HIV care continuum, including for HIV prevention, testing, linkage, antiretroviral therapy (ART) initiation, ART delivery and chronic care and can accommodate people living with HIV whether they are clinically stable or unstable, new to treatment or in long-term follow-up.

In 2016, WHO published consolidated guidelines on the use of antiretroviral (ARV) drugs for treating and preventing HIV infection. As part of this revision, WHO recognized that, as ART is scaled up and countries adopt the “treat all” policy, ART services will need to be differentiated to provide adapted packages of care to people living with HIV with varied clinical needs. The four groups of people defined are (1) individuals presenting or returning to care with advanced HIV disease, (2) individuals presenting or returning to care when clinically well, (3) individuals who are clinically stable on ART and (4) individuals who are clinically unstable or receiving an ART regimen that is failing.

This document focuses on the third category of clients – individuals who are clinically stable on ART. The 2016 WHO consolidated ARV guidelines recommend that clinically stable

people on ART have less frequent clinic visits and medication dispensing. These recommendations were designed specifically for adults and describe criteria for what constitutes readiness for clinically stable client care, where and by whom that care can be provided and what the essential components of care should be.

At the time the 2016 WHO consolidated ARV guidelines were developed, there was limited evidence and experience around how these criteria should be applied to pregnant and breastfeeding women, children and adolescents and members of key populations. Since then, appreciation has been growing that these types of clients may also benefit from models of care specifically for clinically stable clients.

This document outlines the rationale for and features of differentiated ART delivery for clinically stable clients in these populations. The document complements another new publication: *Differentiated care for HIV: a decision framework for differentiated antiretroviral therapy delivery for children, adolescents and pregnant and breastfeeding women*. An additional decision framework that reflects differentiated ART delivery for key populations will be released in 2018.¹

¹ Visit www.differentiatedcare.org, the “go-to” resource for differentiated service to download the *Decision Framework* and access new resources.

KEY POINTS

- Clinically stable children, adolescents and pregnant and breastfeeding women as well as members of key populations (people who inject drugs, sex workers, men who have sex with men, transgender people and people living in prisons and closed settings) can benefit from access to clinically stable client differentiated antiretroviral therapy (ART) delivery models.
- Children, adolescents, pregnant and breastfeeding women and members of key populations should not be excluded from clinically stable client care based on their population characteristics: age, pregnancy or breastfeeding status, drug use, occupation, sex, gender identity or sexual orientation. In principle, services should be tailored to keep families together as much as possible to simplify access and reduce cost.
- Differentiated ART delivery can address inequities in the access of key populations to HIV treatment services by developing new ART delivery models that meet the specific needs of key populations and reach marginalized, criminalized and stigmatized groups. Differentiated ART delivery can also enable key population communities to be more involved in HIV treatment and care.
- The recommended visit frequency (when), location (where), service provider (who) and service package (what) – known as the building blocks of differentiated care – have been considered for both ART refills and clinical consultations. Extension of this guidance to children, adolescents and pregnant and breastfeeding women as well as members of key populations has highlighted the importance of psychosocial support and the need to better define how a differentiated ART delivery model can provide psychosocial support components.
- Readiness for clinically stable client care and the building blocks for constructing ART delivery models for clinically stable clients for these populations should align with those recommended by WHO for adults to simplify implementation in countries and facilitate the management of families.

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