Accelerating HIV Incidence Reduction through Differentiated Service Delivery:
Scaling up the next wave of the HIV Response

The next phase of the global HIV response requires tailoring service delivery to better respond to client needs and preferences, an intensive focus on high-incidence localities and populations, streamlining services in ways that reduce the burden on health systems and reduce costs, and expanding the role of community systems in creating demand for and use of health and social services. It will also require countries to develop these differentiated services within a public health approach that can provide services at scale in under-resourced health systems. Are these strategies for HIV treatment, prevention and support services sufficient to maintain success in meeting 2020 and 2030 targets, particularly given projected shortfalls in funding for HIV care?

Day One

8:30 – 9:00  Introductions and Agenda Review, Opening Remarks
- David Barr provides overview of process
- Mark Dybul provides summary from first meeting, big picture vision, and intended outcomes for second meeting

9:00 – 10:15  Reducing HIV incidence in vulnerable and key populations: What can we learn from population-based surveys and other incidence data? (Three 10-minute presentations followed by full group discussion) (Alex Opio – Moderator)
- Presentation on Rwanda incidence survey (Sabin Nsanzimana)
- Key population sample size estimates (Greg Millet)
- How does UNAIDS collect their incidence data (Peter Ghys) Facilitated full group discussion. What data and information are needed to better understand where HIV micro-epidemics are located, whom they affect, and why they persist?

10:15 – 10:30  Break

10:30 – 11:45  Challenges of measuring incidence at local levels
One 15-minute presentations followed by full group discussion
- Challenges to incidence measurement at local levels (Deborah Donnell)

11:45 – 1:00  Reducing incidence among key populations, young adults and adolescents: We’ve found them, now what? Prioritizing primary prevention interventions (Four 10-minute
presentations followed by full group discussion) (Chris Beyrer moderates)

- Engaging a new generation in HIV prevention and testing (Gautem Yadav)
- Engaging key populations in prevention, testing and health services (Jonas Bargas)
- Fast Track Cities: Amsterdam (Peter Reiss)
- DREAMS (Linda Gail Bekker)

1:00 – 2:00 Lunch

2:00 – 3:15 How do we ensure primary prevention continues to be the pillar of the HIV work, both in policy and action? (Mark Dybul moderates)

Discussants set stage

- What is the cost of targeted approaches to prevention? Are the current cost estimates accurate? (Charles Holmes)
- Funding allocations for key populations (Greg Millet)
- How to prioritize prevention interventions in an era of constrained resources? (Linda Gail Bekker)

3:15 – 3:30 Break

3:30 – 4:30 What’s needed to accelerate emphasis toward successful incidence reduction:

Break out groups

- Key Populations
- Adolescents and young adults
- Budgeting and funding allocations
- Collaboration within government sectors

4:30 – 5:30 Report backs and group discussion (David Barr moderates)

Day Two

8:45 – 9:00 Recap and agenda review

9:00 – 9:30 Opening presentations: Balancing public health and patient-centered needs and approaches to DSD:

- A public health approach to differentiated service delivery (Miriam Rabkin)
- A community perspective on DSD (Solange Baptiste)
9:30 – 10:30 What do clients need now? Developing a new vision of living with HIV (Kwaku Adomako moderates)
30-minute panel discussion followed by full group discussion; Daudo Diouf, Lillian Mworeko)
• Streamlining access to testing and drug delivery
• Treatment and prevention literacy and adherence
• Social and support services: When are critical enablers HIV-specific?
• Integrating HIV care into primary health care

10:30 – 10:45 Break

10:45 – 11:30 DSD service delivery: Three views of current work: (Ford moderates)
• MSF (Marc Biot)
• LVCT (Wanjiru Mukoma)
• M-health (Richard Lester)

11:30 – 12:30 The Role of DSD in primary prevention for key and priority populations
Full group discussion

12:30 – 1:30 Lunch

1:30 – 2:30 Identifying measures and indicators to gage coverage, effectiveness and implementability of DSD for prevention
Full group discussion (Miriam Rabkin/ Reshmie Ramautarsing discussants)

2:30 – 3:30 Creating a conducive environment for DSD implementation
Break out groups
• Determining what models to adapt where and for whom
• Infrastructure, training and monitoring needs
• Regulatory and legislative changes for task shifting and drug dispensary
• Supporting interconnected communities of practice.

3:30 – 3:45 Break

3:45 – 4:45 Report backs and full group discussion

4:45 – 5:00 Next steps and closure