

Taking Differentiated Service Delivery to Scale in Côte d'Ivoire: Building National Leadership to Catalyze DSD Scale-up

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BACKGROUND

Côte d'Ivoire has made significant progress in addressing its HIV epidemic. In 2018, 63% of people living with HIV (PLWH) were aware of their status, 55% were on antiretroviral therapy (ART); and 41% were virally suppressed (UNAIDS 2019).

In the past year, Côte d'Ivoire has taken strong action to facilitate the development of the national DSD program, including:

- Creating a DSD Task Force to oversee DSD planning, implementation, and monitoring and evaluation (M&E)
- Integrating DSD activities into the National HIV Operational Plan
- Convening a national workshop to validate DSD guidelines, define DSD quality standards, and develop DSD quality assurance tools,
- Incorporating these guidelines and standards into DSD SOPs
- Finalizing a DSD training curriculum and conducting a training-of-trainers on DSD
- Working with CQUIN to plan a DSD data review meeting in November 2019

Recipients of care have actively participated in the development of the operational plan, validation workshop for the DSD SOPs, site monitoring and site management visits; and missions to evaluate DSD implementation and DSD data collection.

DSD IMPLEMENTATION

Currently, five less-intensive DSD treatment models are available in Côte d'Ivoire, including two facility-based individual models—*Six mois de dispensation ARV (6-month multi-month scripting)*, and *Dispensation accélérée (fast track)*; two facility-based group models—*Groupe auto support patient stable (Facility-based support group for general populations)* and *Groupe Thematique (Teen club)*; and one community-based group model—*Groupe d'Adherence Communautaire (Peer-led community ART group)*. According to the CQUIN DSD Dashboard, as of October 2019, there were 2,035 facilities in Côte d'Ivoire that provide ART and nearly half of those (937; 46%) offer at least one of these models.

Figure 1: DSD Model Mix, June 2019

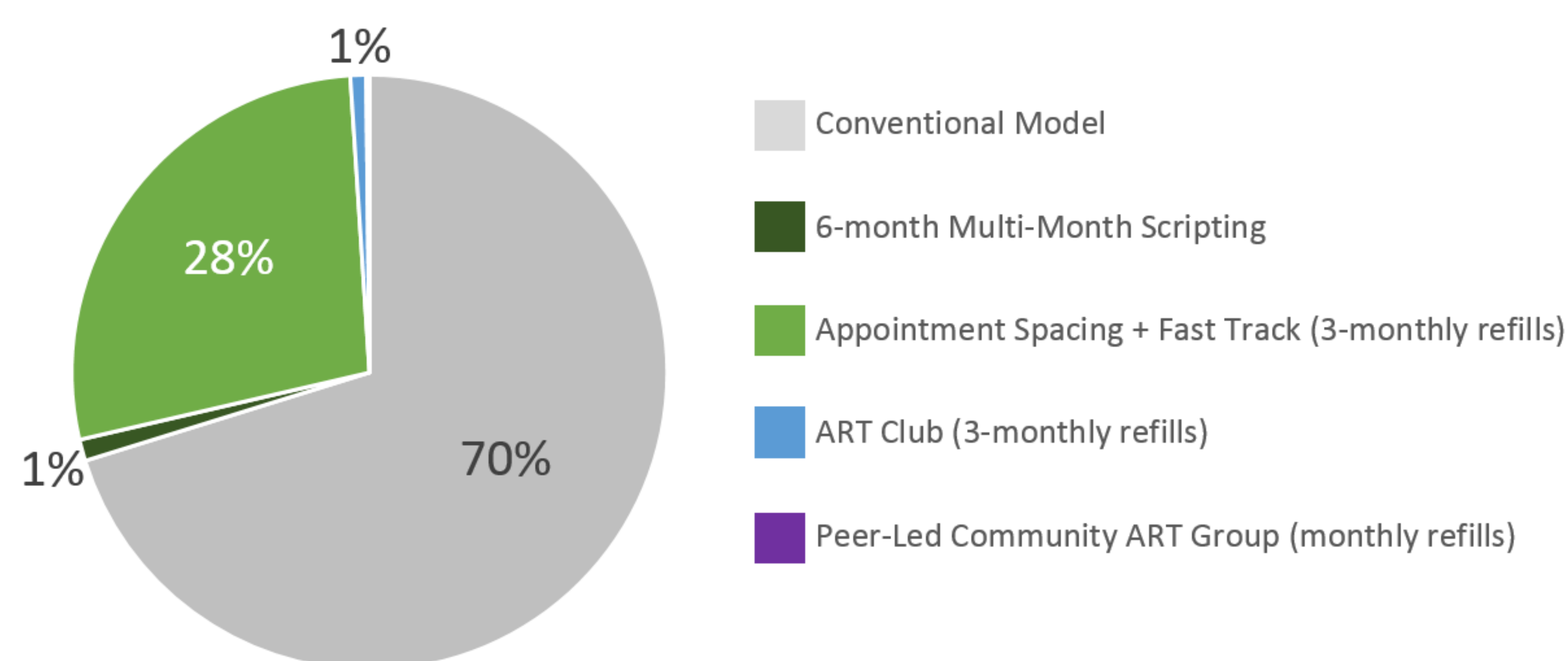


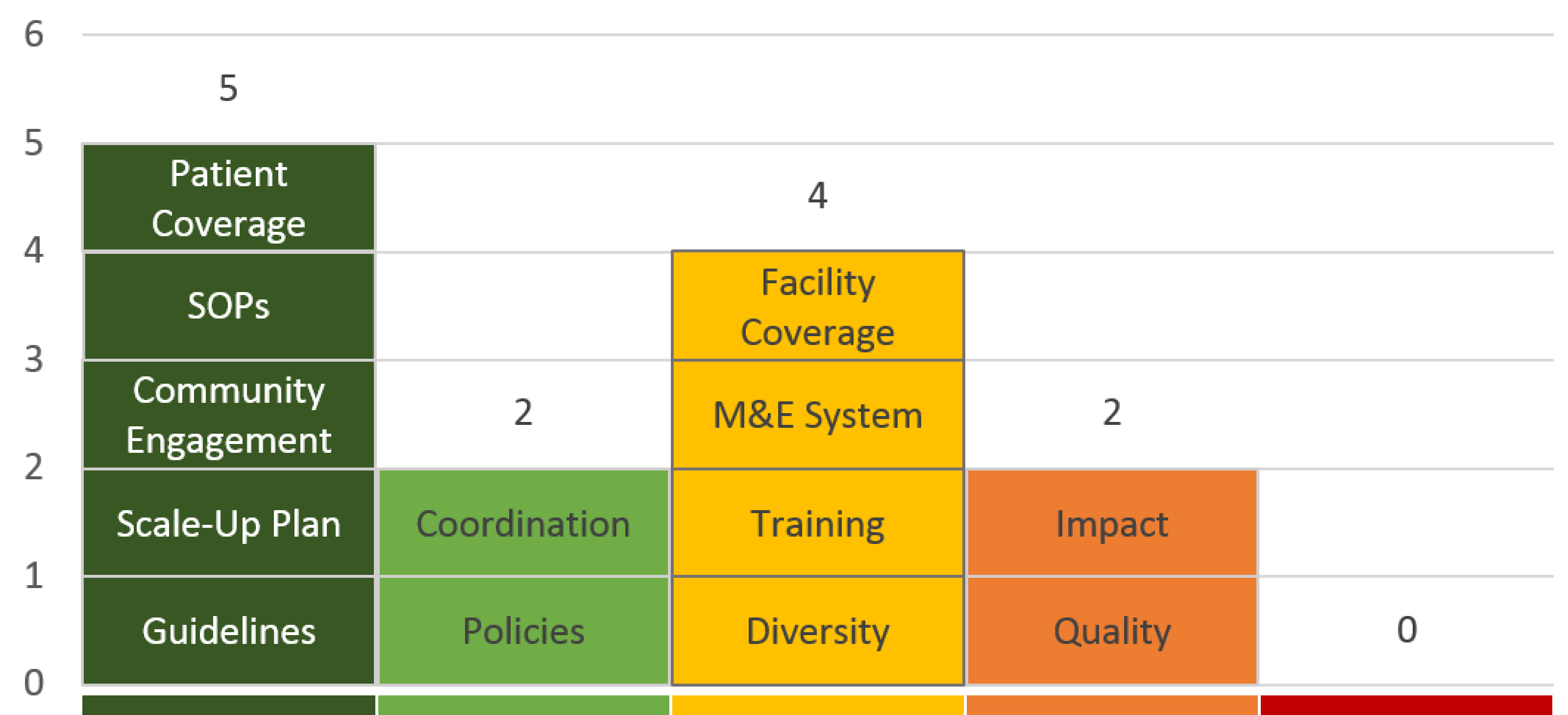
Figure 1 illustrates the models in which people on ART are enrolled in Côte d'Ivoire, including the more-intensive conventional model ("standard of care") and the four less-intensive models. As of June 2019, an estimated 70% of those on ART were receiving it via the conventional model vs. 30% who were enrolled in less-intensive DSD models. The majority of those in less-intensive models were enrolled in *Dispensation accélérée*, or Fast Track model, which accounts for 28% of all people on ART.

In implementing DSD, Côte d'Ivoire has applied a number of lessons learned from participation in the CQUIN learning network. A recently-proposed south-south visit to Zimbabwe is expected to help the national HIV/AIDS program, *Programme National de la Lutte Contre le Sida* (PNLS), learn about and observe implementation of Zimbabwe's Community ART Refill Group (CARG) model. This learning visit will inform planning and adapting this model to best fit the Côte d'Ivoire country context.



DSD DASHBOARD

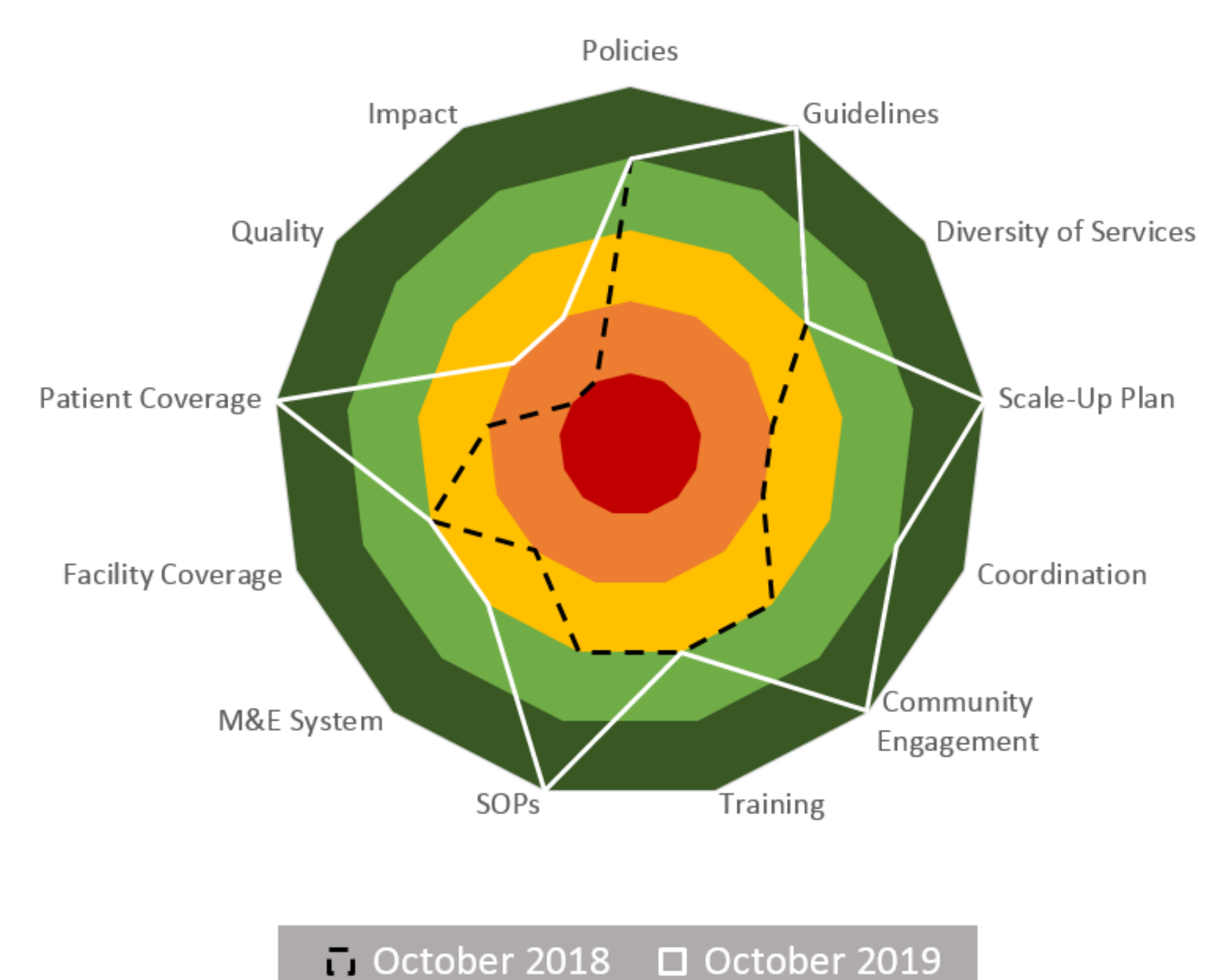
Figure 2: Dashboard Results 2019



The CQUIN DSD Dashboard (Figure 2) assesses the maturity of national DSD programs across 13 domains. In October 2019, a multi-disciplinary team of stakeholders in the Côte d'Ivoire DSD program ranked five of the 13 domains—Guidelines, Scale-Up Plan, Community Engagement, SOPs, and Patient Coverage—at the highest-possible level of maturity. The country achieved light green in two additional domains: Policies and Coordination.

Figure 3 describes CI's progress from October 2018 to October 2019, with robust advancements in 8 domains. One caveat is that the current analysis of patient-level DSD coverage uses the # of people who have been assessed for DSD eligibility as the denominator, not the total # of people on ART, so may be an overestimate. A CQUIN-supported DSD data review meeting is planned for November 2019 and will assist the DSD Task Force to better estimate overall DSD coverage.

Figure 3: Dashboard Results 2018 vs. 2019



CASE STUDY/BEST PRACTICE

At the FSUCOM Palmerais Health Facility, low viral load (VL) testing coverage was preventing healthcare workers from assessing DSD eligibility for people on ART, limiting DSD enrollment. To address this, a mentoring intervention was designed in which a team coach assessed VL coverage and managed care for those who were unsuppressed. On a weekly basis, a doctor, data manager, social assistant, and nurse created a VL cascade chart to monitor facility results. They created a simple and precise correction plan and, using the cascade analysis approach, the team was able to identify gaps and specific areas to improve VL coverage. This helped to improve VL suppression and increase the number of people eligible for less-intensive DSD models.

NEXT STEPS/WAY FORWARD

PNLS has identified three objectives for the coming year:

- To evaluate the implementation of DSD using standardized data collection tools developed with CQUIN support. Data collection started in September 2019 and results will be disseminated at a workshop to discuss DSD curricula, the upcoming south-to-south visit to Zimbabwe, and the November DSD data review meeting.
- To finalize a DSD-specific quality assessment tool. This tool will be included in district-level HIV program supervision tools and used to train healthcare workers in charge of evaluating district-level HIV care.
- To complete the QI project currently underway to improve VL suppression among ART patients from 49% to 95% from February to December 2019. The project aims to improve VL coverage and VL suppression through weekly use of the VL cascade follow up tool.