



Taking Differentiated Service Delivery to Scale in Malawi: Accelerating 6-month Multi-Month Dispensing (6-MMD)

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BACKGROUND

Malawi has made significant progress in curbing its HIV epidemic, with 91% of people living with HIV aware of their status; 83% of people living with HIV on antiretroviral therapy (ART); and 90% viral suppression among those on ART as of end of December 2018 (Malawi Integrated HIV report (Oct-Dec 2018)). Malawi adopted the use of differentiated service delivery model of care in 2006 as part of the national strategy to build a strong national HIV program around the needs of the Country's diverse population of people living with HIV (PLWHIV). A National DSD Taskforce meets quarterly and discusses implementation of DSD models. Among other stakeholders, the taskforce includes representation of the civil society organizations, in which recipients of care participate to represent the views of the people living with HIV in Malawi.

Standards of care for specific DSD models have been integrated into the existing ART guidelines for quite some time now. Malawi is developing a National Quality Improvement Framework that incorporates standard operating procedures on establishing quality interventions on a wider scale in health services provision. The framework will include DSD under the HIV section.

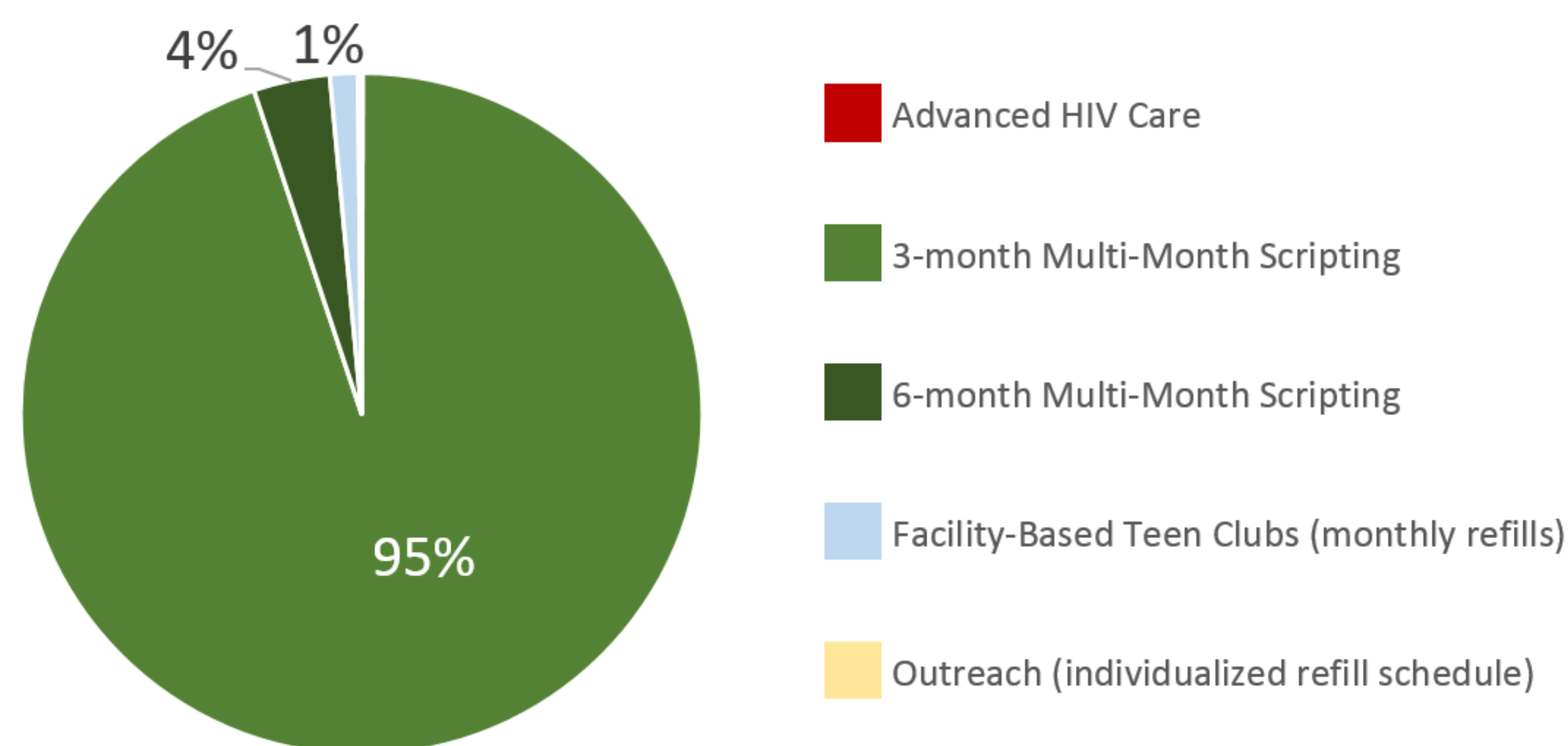
DSD IMPLEMENTATION

Currently, Malawi offers five models of ART services, including four less-intensive DSD models (DSDM) in addition to the more-intensive conventional model (standard of care). There are two facility-based models—**3-month multi-month scripting (MMS)** and **6-month MMS**; one facility-based group model—**Facility-Based Teen Clubs**; and one community-based individual model—**Outreach models**, a provider-led ART program in selected facilities.

Phase 1 of implementation of the newly-endorsed MOH Policy on DSD involved the scale-up of 6-monthly ART refills (6-MMD). Prior to offering this model at scale, facilities had to have adequate pharmacy storage capacity, security for medication, and a patient population who had to travel long distances to access ART in order to dispense 6 months of ART. In April 2019, 23 high-burden sites began providing 6-monthly refills; other sites started in October 2019.

In 2019, a more-intensive DSD model for people with advanced HIV disease is being piloted in five districts and a total of 519 people have been enrolled in this model. The results of this pilot will inform the National Scale-Up Plan for advanced HIV disease (AHD) and monitoring and evaluation (M&E) tools for this model are currently being discussed.

Figure 1: DSD Model Mix, June 2019

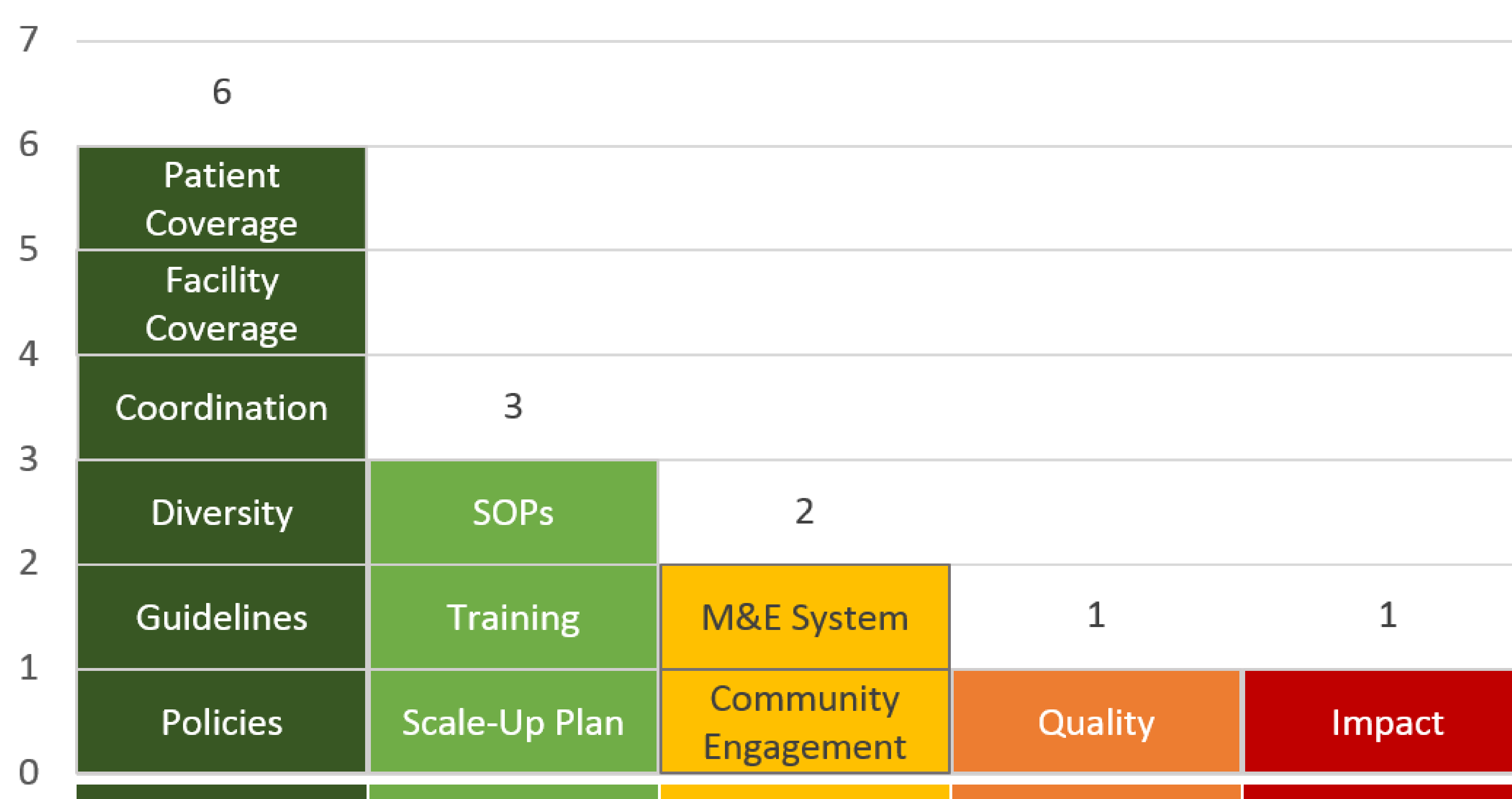


As of October 2019, there are 750 facilities in Malawi that provide ART and all (100%) offer at least one less-intensive DSDM. Based on implementing partner reporting and national electronic medical record (EMR) data from June 2019, Malawi estimates that 95% of all people on ART enrolled in one of the national less-intensive DSDM (Figure 1) were receiving 3-month ART refills and about 4% have been enrolled in the new 6-month scripting model. Those enrolled in Teen Clubs (1%) receive monthly ART refills during group meetings, while those in Outreach models (<1%) are on customized refill schedules depending on their individual needs and preferences.

Malawi's strategy for M&E of DSD involves harnessing the EMR that has been installed in 203 high-volume ART facilities. This allows MOH to access data from a high proportion of the overall patient cohort in the country to better understand DSDM implementation through analysis of records. For the remaining 520 sites without EMR, Malawi has invested and implemented a simple data entry solution that captures the patient MasterCard details of visits. Laptops have been deployed already to support this.

DSD DASHBOARD

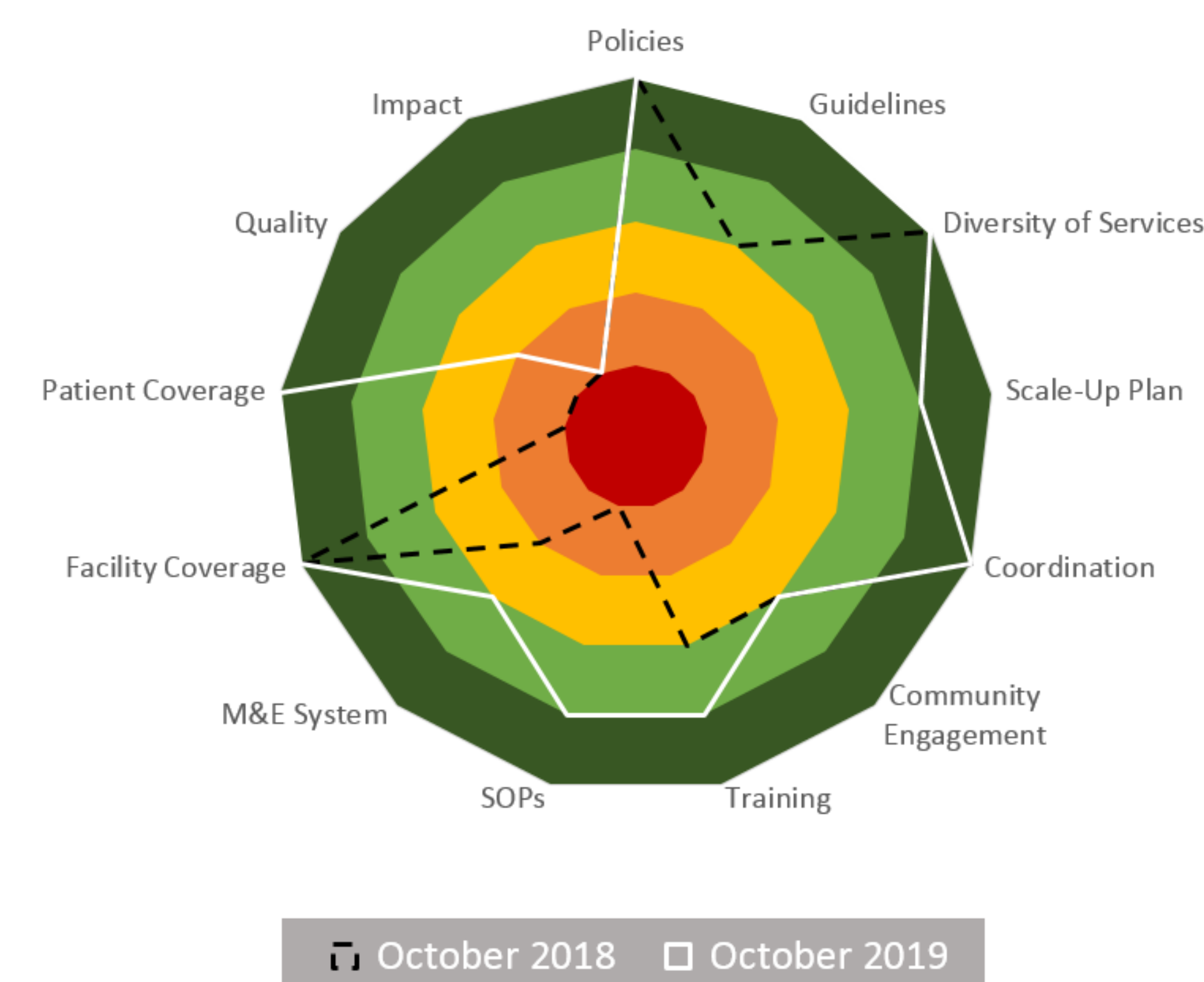
Figure 2: Dashboard Results 2019



In October 2019, stakeholders conducted a systematic self-assessment of DSD program maturity using the CQUIN DSD Dashboard (Figure 2). Malawi found it had reached the highest-possible level of maturity in six of the 13 domains—Policies, Guidelines, Diversity, Coordination, Facility Coverage, and Patient Coverage—and had made considerable progress (light green) in four additional domains—Scale-Up Plan, Training, and SOPs.

Figure 3 describes Malawi's progress over the past year. Improvement was made in multiple domains, including Guidelines, Training, SOPs, and M&E System. Of note, the Patient Coverage assessment from 2018 was limited by lack of data, so the "jump" from a staging of red to dark green performance levels is an artifact of incomplete 2018 reporting.

Figure 3: Dashboard Results 2018 vs. 2019



RESEARCH AND EVALUATION

The Alternative Models of ART Delivery: Optimizing the Benefits (AMBIT) Study will continue data review and modeling activities to generate data for decision-making and ongoing evaluation of HIV DSDM services. AMBIT activities include analysis of existing medical record data for adults accessing HIV services between 2014 and 2021 to evaluate the coverage, uptake, benefits, and costs of differentiated ART services in Malawi.

NEXT STEPS/WAY FORWARD

- Following the CQUIN meeting on DSD Quality and QI, Malawi is currently developing national quality standards and quality assurance tools for DSD models
- A QI project is being developed for selected sites providing more-intensive services for people with AHD
- To finalize the draft M&E strategy for DSD which has already been developed
- The AMBIT study and the pilot AHD project will inform the development of new tools for M&E of DSD

LIGHTHOUSE

