Taking Differentiated Service Delivery to Scale in Malawi: Expanding Models of Care for Impact

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BACKGROUND/INTRODUCTION

Malawi's ability to scale-up differentiated service delivery (DSD) is reinforced by strong governance, a national technical working group, and a national DSD coordinator. In Malawi, community engagement in DSD scale-up is high, with people living with HIV (PLHIV), community members, and local leaders involved in the design and implementation of DSD activities—including participation in the national technical working group (TWG) on DSDM. The country's national policies and guidelines are supportive of decentralization of antiretroviral therapy (ART) services and selected DSD models (DSDM), such as multi-month scripting and teen clubs for adolescents.

Malawi's efforts are backed by scientific evidence and research. In 2016, Malawi's Ministry of Health (MOH), together with the Clinton Health Access Initiative (CHAI), conducted a process evaluation to understand the extent to which ART patients are differentiated based on their clinical stability. The country continues to pilot DSDM and conduct research that can inform policy, while investing in education and training for health care workers, monitoring and evaluation (M&E), and community engagement. Other models in early stages of piloting and evaluation include community ART groups, drop-in centers linked to health facilities for key populations (e.g., female sex workers, injection drug users), evening clinic hours, and weekend clinics for adolescents.

Above: Malawi Ministry of Health hosting the Swaziland Ministry of Health for a south-to-south experience-sharing visit to Mangochi District Hospital ART Clinic, where teen clubs are implemented.

Barriers to the scale up of DSD in Malawi include a lack of human resources and infrastructure in health systems, and regulatory frameworks prohibiting unlicensed health care workers from delivering care—lessening the ability to employ task-shifting to lay workers or expert clients as part of community-based models for stable, adherent patients.

Next steps and priorities for scale-up of DSD include the development of training and guidance materials, including new ART guidelines; integrating endorsed DSDM into existing frameworks and guidelines; increasing the coverage and diversity of differentiated services; and expanding existing community support groups.

DSD MODELS OFFERED

Malawi offers three models of DSD for ART (Figure 1), all three of which are facility-based models. Two are individual models: **Fast Track Refill, Appointment Spacing.** Malawi's **Facility-Based ART Group** model is the country's sole group-based DSDM.

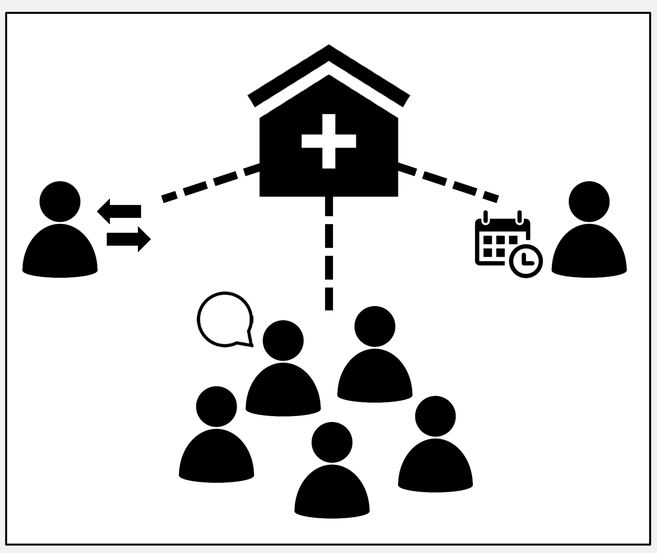

Figure 1: A graphic interpretation of the three different models for DSD of ART offered in Malawi
(clockwise from top right: Appointment Spacing, Facility-Based ART Group, Fast Track)

DSD DASHBOARD

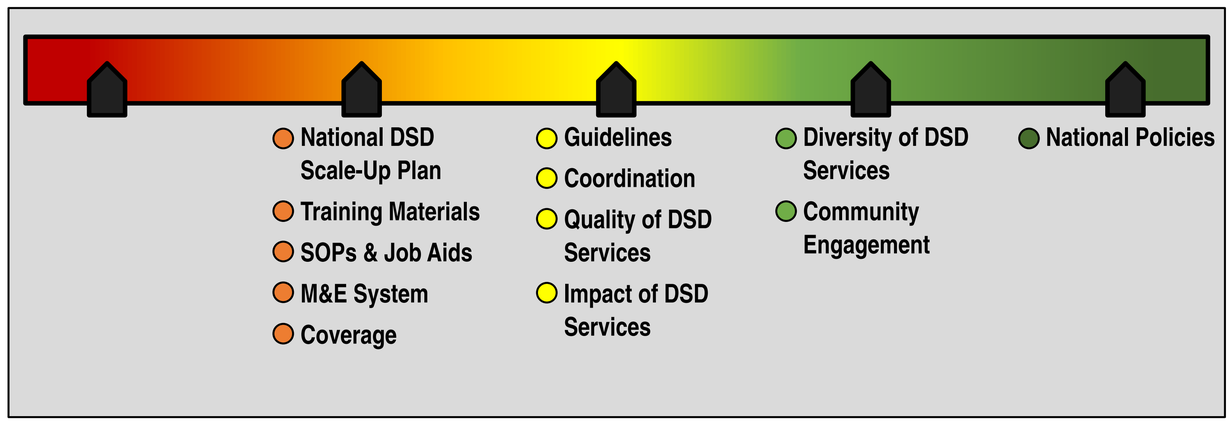

Figure 2. Malawi DSD Dashboard, January 2018

A self-assessment tool known as the CQUIN DSD Dashboard was used to quantify the progress being made as Malawi rolls out its national DSD guidelines. Across 12 different domains, a five-step color scale was used to rank progress and performance from red, indicating no activity, to dark green, indicating significant and robust implementation.

The results of this assessment determined that the country's **National Policies** had achieved the highest level of development, seen above in the dark green category (Figure 2). As defined by the DSD Dashboard, this ranking indicates that Malawi's national policies actively promote the use of DSDM. Other highly-ranked domains of DSD scale-up are those in the light green category: **Diversity of DSD Services** and **Community Engagement.** A light green ranking in these domains indicates that DSD is available for stable patients only and >3 models have been implemented and that PLHIV and/or civil society representatives are engaged in implementation, design, and evaluation of DSDM.

While Malawi is making great progress in the scale-up of DSD, with 3 domains ranking light green or dark green, the majority of domains remain in the basic or mid-implementation rankings of orange and yellow. These categories represent opportunities for Malawi to capitalize on the experiences of other countries that have had success in developing these domains. Some of the lower-ranked domains, such as the **National DSD Scale-Up Plan** are prerequisites to strategic scale-up of DSDM, while others, such as the **M&E System,** represent some of the most challenging issues faced by countries implementing DSDM. As Malawi continues to make progress in scale-up of DSDM implementation, the MOH and other stakeholders may find a valuable resource in CQUIN countries that have successfully addressed the barriers to scale-up posed by these challenging domains.

CASE STUDY/BEST PRACTICE

Teen Clubs

Malawi's **Teen Club** approach is an example of innovative DSDM for adolescents living with HIV (ALHIV). To date, more than 9,300 adolescents have been enrolled in 135 teen clubs located in 26 of Malawi's 28 districts. Members of teen clubs receive social support and encouragement in medication adherence. Teen Clubs in Malawi are exclusively open to ALHIV, unlike those in other countries that may include both HIV-positive and negative individuals. One of the innovative features of the teen clubs is the extended hours of clinics on Saturdays.

Drop-in-Centers for Commercial Sex Workers

A recent innovation with early successes in DSD for key populations are **Drop-in-Centers (DICs)** as a subset of district hospitals for delivering HIV care and treatment for commercial sex workers (CSW).

NEXT STEPS/WAY FORWARD

Malawi's implementation of DSD for ART is evolving through innovations and a commitment to scale-up. HIV care and treatment is available at 736 facilities across the country's 28 provinces and there are 6 partners supporting ART in the country, 4 of which support DSDM. Expanding the number of facilities offering diverse models of DSD and ensuring that patients in every province have access to DSDM is one of the main goals for an ongoing scale-up effort. Patient retention and patient satisfaction are critical measures or importance that will be key considerations as Malawi continues DSD scale-up. Further **priority areas** for DSD implementation include improving coordination efforts with communities and streamlining DSD models into the 2018 ART Guidelines.

Malawi has identified **key questions** for evaluation, to be assessed as scale-up of DSD implementation continues. These evaluations include: 1) Comparing outcomes of transitioning adolescents receiving different models of care [teen clubs or standard ART services]; 2) Performing cost effectiveness analyses of multi-month prescription for ART; 3) Comparing treatment outcomes of members of key populations attending DSD-specific ART clinics to standard clinics; and finally, 4) Addressing data quality assurance issues with various DSDs.

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