Taking Differentiated Service Delivery to Scale in Swaziland: Lessons from CommART Implementation

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BACKGROUND

As a country with one of the world's highest HIV disease burden, Swaziland has made significant strides towards HIV epidemic control. Differentiated service delivery (DSD) has the potential to continue Swaziland's momentum towards achieving treatment and viral suppression for the (32%) of the population between the ages of 18-45 years living with HIV. The Swaziland Ministry of Health (MOH) through the Swaziland National AIDS Programme (SNAP), was an early adopter of DSD models, which have been included in the National Policy Guidelines for Community-Centered Models of ART Service (CommART) Delivery, in 2016. SNAP also partnered with communities, including the Swaziland Network of People Living with HIV as part of efforts to roll-out DSD implementation. Other facilitators for DSD scale-up include the Test and Start policy, which created a demand to decongest health systems. However, barriers to DSD scale-up include limited monitoring and evaluation systems, competing programmatic priorities, and limited coverage of routine viral load testing.

Swaziland is committed to improving DSD for key populations, such as female sex workers and injecting drug users. Plans are also in place to develop DSD guidelines for patients with advanced disease. Within this context, Swaziland is continuously working toward a phased DSD implementation targeting hospitals and health centers, high-volume clinics, and other interested facilities. MOH and SNAP are particularly interested in the effect of the CommART program on national-level data, including retention in care and viral suppression.

DSD MODELS OFFERED

Swaziland has policy documents for CommART and Standard Operating Procedures (SOP) for differentiated service delivery models (DSDM). Currently, DSDM for ART is offered in all 4 regions of the country and is supported by 8 of the 12 implementing partners that support HIV treatment and ART.

The models of DSD for ART that are offered in Swaziland include the multi-month refill model (known elsewhere as "appointment spacing"), fast-track appointments, facility-based ART groups (FBG), community-based ART groups (CAG), and community ART distribution. There are also outreach-based ART clinics in Swaziland, some of which offer ART initiation, and the family-centered model, which is a unique group model that address individual needs of the group members—often family members who receive ART services at the same facility. Currently, all 175 health facilities in the country offer the appointment spacing model of DSD for ART, and many offer additional models (Figure 1).

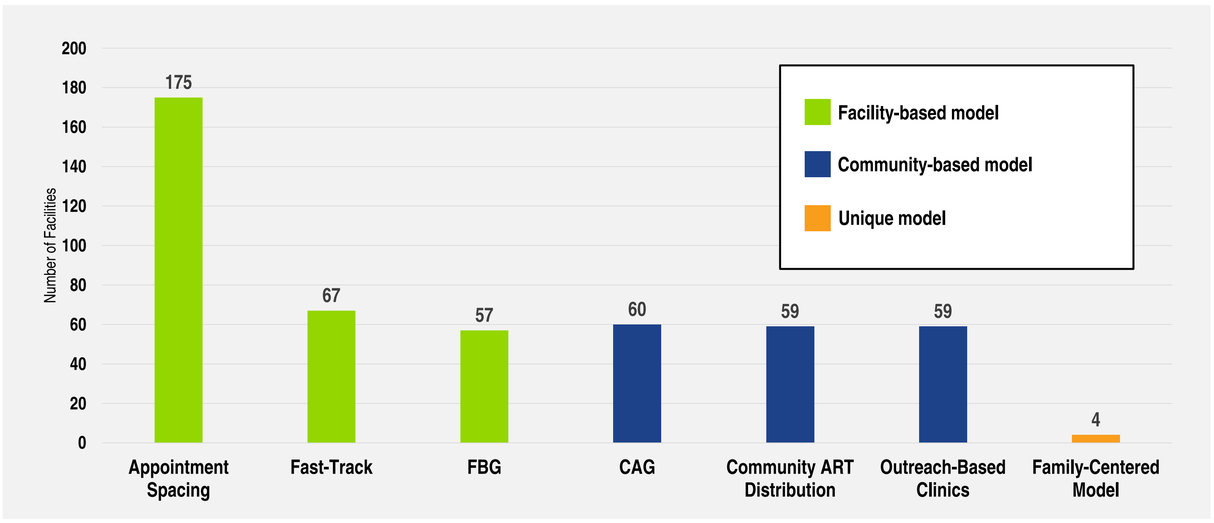
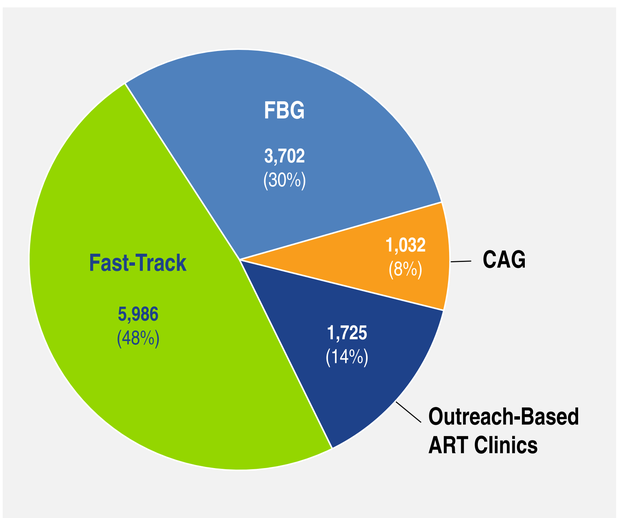


Figure 1. Differentiated Service Delivery Models for ART Offered in Swaziland by Number of Facilities Offering Each Model

DSD COVERAGE

By September 2017, 12,445 patients were receiving ART via DSDM. Of DSDM patients, the largest proportion (5,986; 48%) were enrolled in the fast-track model or FBG, mainly Facility Teen Club (3,702; 30%) (Figure 2). Other models with coverage data for the October 2016-September 2017 program year include outreach-based models, with 1,725 (14%) patients, and CAGs, with 1,032 (8%) patients.



One challenge affecting scale-up of patient coverage is the increasing of the workload and need for mentorship, particularly at high volume facilities. While training has been completed at large facilities, the volume of patient flow and the effort required to prepackage medication present barriers to enrolling more patients on some model types, particularly group models.

Figure 2. Differentiated Service Delivery Models for ART Offered in Swaziland by Number of Patients Enrolled

DSD DASHBOARD

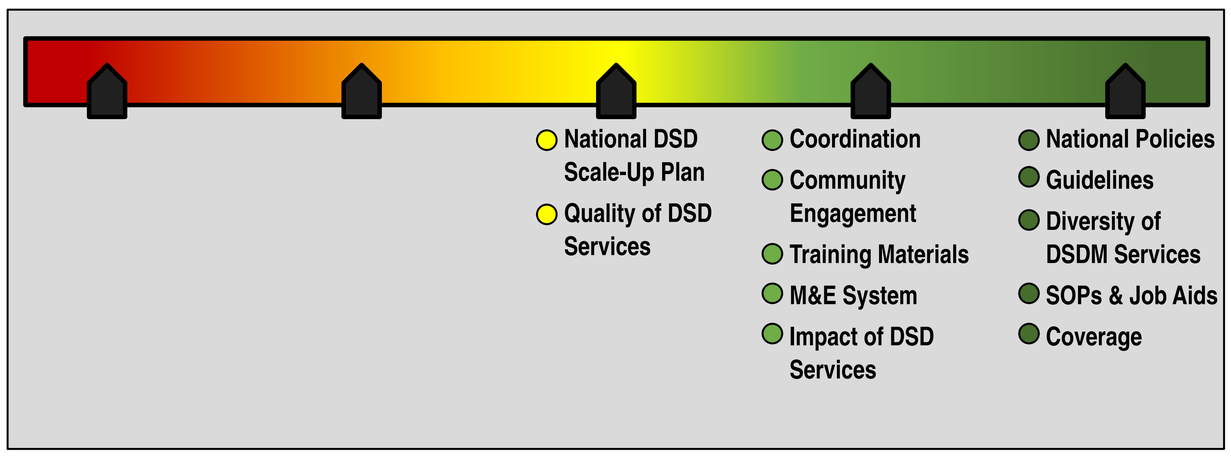


Figure 3. Swaziland DSD Dashboard, January 2018

A self-assessment tool known as the CQUIN DSD Dashboard was used to quantify the progress being made as Swaziland rolls out its national DSD program. 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.

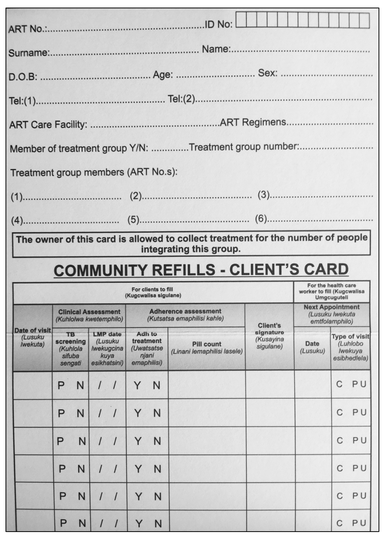
Swaziland found that five domains were in the dark green category, the highest level of development (Figure 3). In the highest-ranked domains, the system met the following clearly-defined set of standards: **National Policies** actively promote use of DSDM; the National HIV Treatment **Guidelines** provide detailed and specific information on implementation of DSD; **Diversity of DSDM Services** refers to DSDM provision for diverse patient groups; Swaziland is actively implementing a **DSD Scale-Up Plan;** step-by-step national **SOPs & Job Aids** are available for at least three DSDM; and **Coverage** of at least one DSD model for ART has been achieved by >75% of ART facilities.

Swaziland's performance in this assessment, with 10 out of the 12 domains ranking light green or dark green, highlights the substantial successes of the country's DSD scale-up. However, opportunities remain to strengthen the progress already made in the **National DSD Scale-Up Plan,** by ensuring that scale-up is proceeding according to an MOH-approved plan, and in the efforts to evaluate the program to ensure the **Quality of DSD Services.** Currently assessed at the yellow, or mid-level stage of development, ongoing activity to continue progress in these domains will be necessary.

CASE STUDY/BEST PRACTICE

Monitoring & Evaluation

A challenging aspect of DSD implementation scale-up is the difficulty of measuring services provided through DSDM using historical M&E tools and existing indicators. Through a combination of routine monitoring using an electronic patient-level records system (CMIS) and special studies, Swaziland is currently—or will soon be—able to report on numerous and diverse indicators for M&E of DSD. The development of this system has contributed to Swaziland being one of only two CQUIN countries to achieve a light green ranking on the DSD Dashboard in the domain of M&E.


ART No.:.....ID No:

Surname:..... Name:.....

D.O.B: ..... Age: ..... Sex: .....

Tel:(1)..... Tel:(2).....

ART Care Facility: .....ART Regimens.....

Member of treatment group Y/N: .....Treatment group number:.....

Treatment group members (ART No.s):

(1)..... (2)..... (3).....

(4)..... (5)..... (6).....

The owner of this card is allowed to collect treatment for the number of people integrating this group.

COMMUNITY REFILLS - CLIENT'S CARD

For clients to fill (Kugcwaliswa sigulane)							For the health care worker to fill (Kugcwaliswa lomsebenti)	
	Clinical Assessment (Kuhlolwa kwetemphilo)		Adherence assessment (Kutsatsa emaphilisi kahle)				Next Appointment (Lusuku lwekuta emtfolamphilo)	
Date of visit (Lusuku lwekuta)	TB screening (Kuhlola sifuba sengati	LMP date (Lusuku lwekugcina kuya eskhetsini)	Adh to treatment (Kwatsatse njani emaphilisi)	Pill count (Linani lemaphilisi lasele)	Client's signature (Kusayina sigulane)		Date (Lusuku)	Type of visit (Luhlobo lwekuya esibhedlela)
	P N	/ /	Y N					C PU
	P N	/ /	Y N					C PU
	P N	/ /	Y N					C PU
	P N	/ /	Y N					C PU
	P N	/ /	Y N					C PU
	P N	/ /	Y N					C PU

Above: A Patient Card from the CommART Pilot Program

With DSD-specific indicators and the national CMIS recording information such as dates of DSD enrollment, Swaziland will be capable of reporting retention outcomes based on DSD enrollment cohort. Measures such as this are of critical importance in the judgement of the Swaziland MOH as evaluation of patient outcomes will be necessary for progress to be made in measuring the quality of the DSD program. There is particular interest in determining whether the quality of care provided to clients is the same for those enrolled in DSDM as those receiving the standard care model. With the ability to record enrollment into and switches between models, such reporting will be possible.

NEXT STEPS/WAY FORWARD

In efforts to further improve patient-level impact, Swaziland has initiated a Baseline Assessment for DSD for stable clients, with the objective of evaluating the current status of DSD within the country. The assessment also aims to identify the type of DSDMs implemented at each health facility, and the number of patients enrolled in each DSDM. The implications of the results will be used to inform the national scale-up plan for stable clients and also to introduce a package for patients with advanced disease.

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