



Taking Differentiated Service Delivery to Scale in Uganda: Diverse Models for HIV Care & Treatment

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BACKGROUND/INTRODUCTION

In June of 2017, the Uganda Ministry of Health (MOH) released the national implementation guide for differentiated service delivery (DSD), a comprehensive set of guidelines on the provision of DSD for people living with HIV (PLHIV). Uganda is differentiating HIV and TB services for both stable and unstable patients on antiretroviral therapy (ART), including pregnant women, children and adolescents. As of January 2018, progress in the scale-up of DSD models (DSDM) for ART is well underway, with facility- and community-based models offered at over 600 facilities and all national level trainings completed. The MOH is in the process of revising elements of the monitoring and evaluation (M&E) system to account for the new models of HIV services provision.

The Uganda MOH has worked closely with implementing partners (IP), civil society, and representatives from the community of PLHIV throughout the process of developing the national DSD guidelines. While Uganda's national guidelines are new, many IPs operating centers of excellence and at selected public facilities have long employed DSDM and, currently, all 23 IPs providing HIV treatment are supporting DSDM for ART. By employing a consultative process in developing the DSD guidelines, Uganda was able to leverage this existing in-country knowledge and expertise to streamline the process.

DSD MODELS OFFERED

Uganda's national guidelines for Differentiated Service Delivery Models (DSDM) include three facility-based and two out-of-facility—or community-based—models (Figure 1), with specific patient populations targeted for different model types. Clients who have newly started ART, are not virally suppressed, or have other risk factors for disease progression are considered complex or unstable. The patients are prioritized for facility-based care, either in standard HIV care, termed the **Facility Based Individual Management (FBIM)** model, or in a **Facility Based Group (FBG)** that provides ART distribution and psychosocial support. Clients who are stable on ART are eligible for both facility-based and community DSDM and have the opportunity to receive ART distribution in the facility, either through FBG, or through the **Fast Track Drug Refill (FTDR)** model, which features expedited drug pickups at the pharmacy. The community-based models available to stable clients are **Community Client Led ART Delivery (CCLAD)** and **Community Drug Distribution Points (CDDP)**. Both models offer community-based ART distribution, with the CCLAD also providing psychosocial support through group activity.

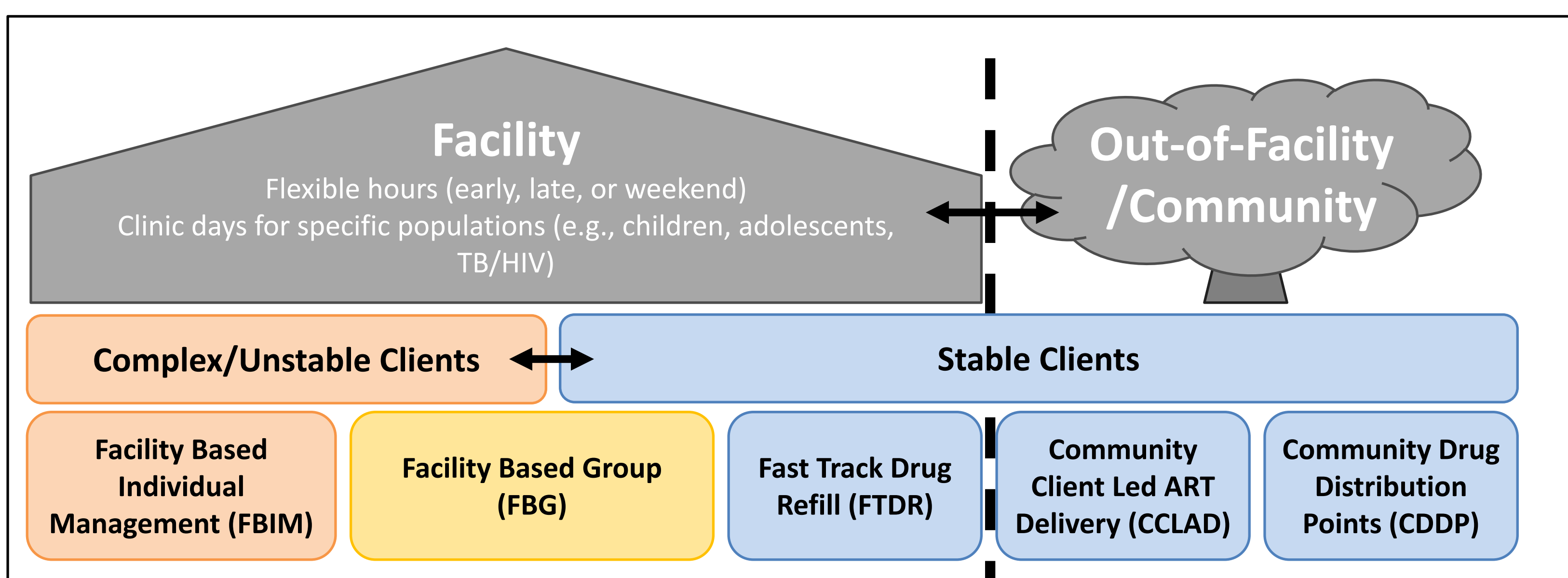


Figure 1. Recommended differentiated treatment and care service delivery models and their respective target populations

DSD UPTAKE & COVERAGE

Uganda is in the process of scaling up its national DSD guidelines and data on uptake of DSD from government facilities will be available in the coming months. Currently, data on DSD is limited to IPs, 100% of which (n=23) offer DSDM. Of the 1,824 facilities offering ART in Uganda, only 654 (36%) are offering any DSDM. The most widely-implemented model is FBG, which is offered in 307 (47% of 654) facilities (Figure 2). Other models are implemented by fewer than half the facilities offering FBG, with roughly 20% of all DSD facilities offering FTR (n=130), CCLAD (n=130), or CDDP (n=133).

One major challenge to DSD-scale up in Uganda was a nationwide shortage of antiretroviral drugs that occurred in 2017, which prevented the distribution of multiple months' of ART and delayed the implementation of some DSDM. Following the drug shortage, the supply chain issues have been resolved and DSDM rollout has accelerated.

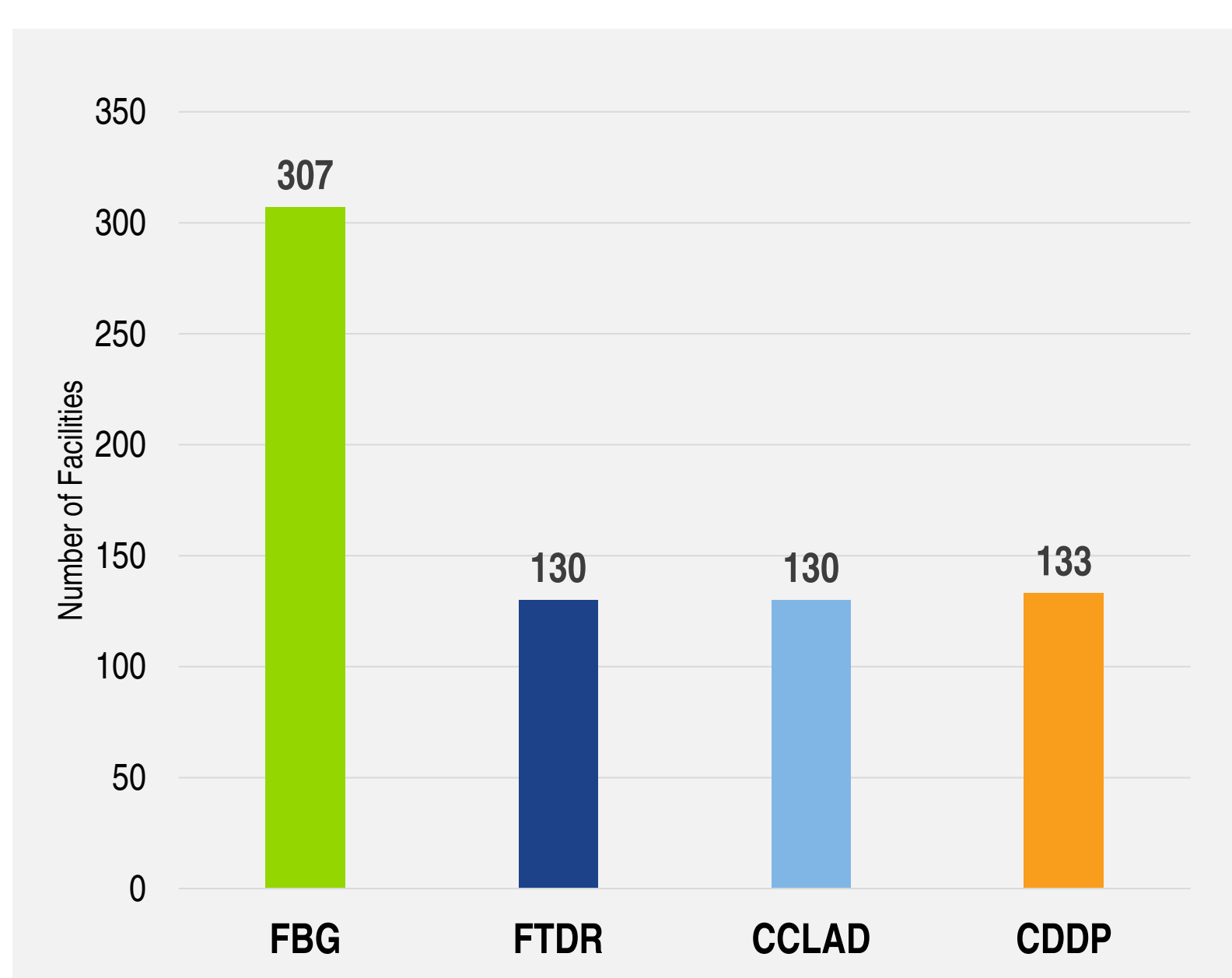


Figure 2. DSDM for ART in Uganda, by Facilities Offering Each Model

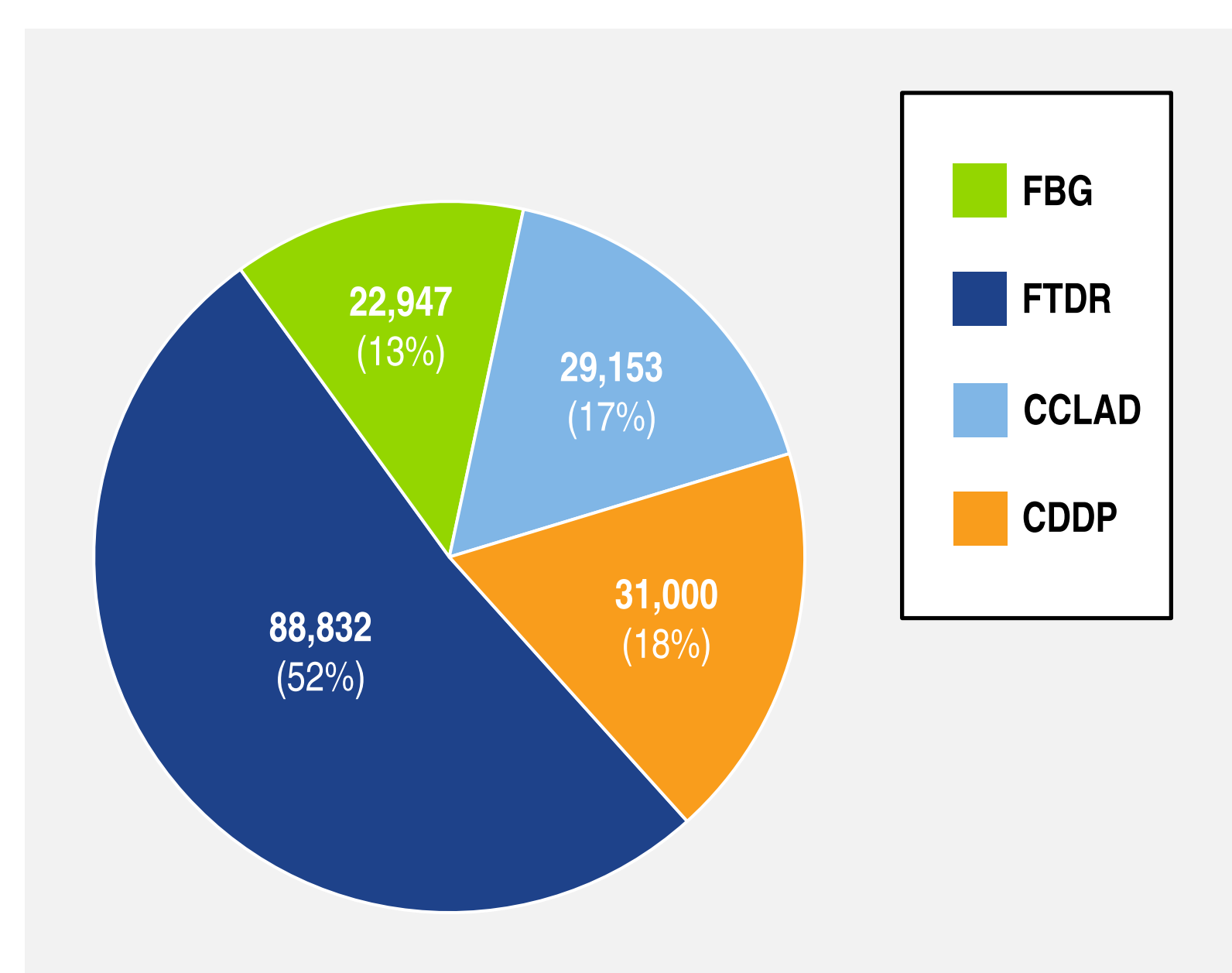


Figure 3. DSDM for ART in Uganda, by Patients Enrolled in Each Model

DSD UPTAKE & COVERAGE, cont.

Across the 654 sites offering DSDM, a total of 171,932 ART patients have enrolled in one of the four standard models implemented in Uganda. Facility-based models overall account for majority (65%) of patients utilizing DSDM for ART, with most of those enrolled in FTDR. Despite being implemented in only 130 facilities, 88,832 (52%) patients are enrolled in an FTDR model (Figure 3). While the FBG model is implemented in the largest number of facilities, it accounts for the smallest share of patients, with 22,947 (13%) enrolled. The community-based models, CCLAD and CDDP, are made up of 29,153 (17%) and 31,000 (18%) patients, respectively.

As DSD scale-up expands the availability and diversity of DSDM for ART, it will be crucial for Uganda to track the uptake of each model to understand patient demand. Monitoring of patient retention and viral suppression by DSDM will also be important to ensure that patient outcomes are good across models. With these priorities in mind, the Uganda MOH is moving forward with plans to revise the M&E system to allow for the collection of DSD-specific data that can be disaggregated by model type.

DSD DASHBOARD

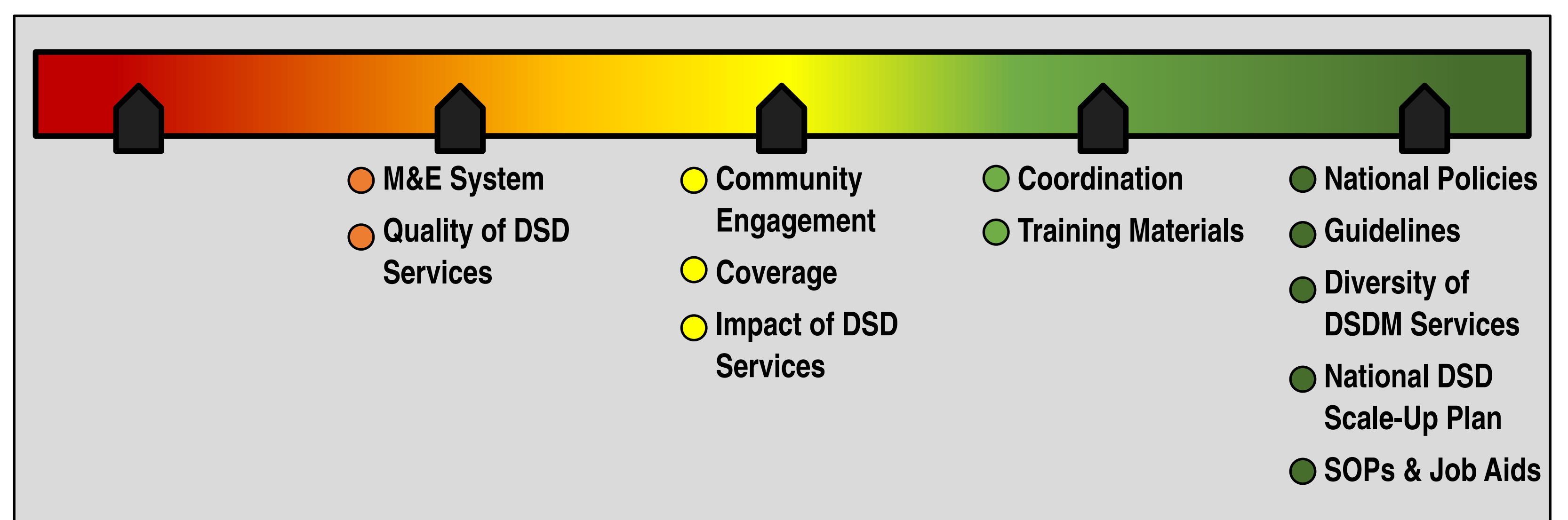


Figure 4. Uganda DSD Dashboard, January 2018

A self-assessment tool known as the CQUIN DSD Dashboard was used to quantify the progress being made as Uganda 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.

Uganda found that the largest number of domains were in the dark green category, the highest level of development (Figure 4). In the highest-ranked domains, the system met a clearly-defined set of standards. In the **National Policies** domain: national policies actively promote use of DSDM; in **Guidelines**: detailed and specific information on implementation of DSD is included in the national HIV treatment guidelines. In the domains of **Diversity of DSDM Services**, **National DSD Scale-Up Plan**, and **SOPs & Job Aids**, the following criteria were met, respectively: DSDM are available for diverse patient groups; active implementation of a DSD scale-up plan; and step-by-step national standard operating procedures (SOP) and job aids available for at least three DSDM.

Uganda's performance in this assessment, with seven out of the 12 domains ranking green or dark green, highlights the successes of the country's DSD scale-up. However, opportunities remain to make improvements in the domains concerning the **M&E System** as well as procedures for evaluating **Quality of DSD Services**. Currently assessed at the orange level, which is interpreted as a basic level of implementation, these two domains are crucial components of high-quality health care services provision. As Uganda continues to scale-up DSD, these two weak areas of the system may be prioritized for targeted improvements.

BEST PRACTICE

In addition to DSD for ART, Uganda's national guidelines also lay out provisions for DSD for HIV testing services (HTS). All communities are eligible for DSD for HTS, though the model available depends on the vulnerability and unique needs of the population. Just as in the country's DSDM for ART, HTS models can be facility-based or community-based and are further categorized as either provider initiated or client initiated (facility-based models) or as either a home-based model of testing or an outreach model (community-based models).

NEXT STEPS/WAY FORWARD

The MOH has identified the revision of the health management information systems (HMIS) tools as one of the highest priorities. Currently, the HMIS is not able to capture M&E data related to DSD, which has created challenges for tracking effects of the implementation process, but it is anticipated that the lengthy review process necessary to make these changes will result in a high quality system.

One of Uganda's current research priorities is measuring the impacts of DSD for ART on patients, particularly the impacts on health system costs. The two-phase project aims to estimate the average cost of providing care, per patient, by each model of DSD for ART and the average cost per patient retained in ART and per patient with viral suppression. This study—led by EQUIP, along with the MOH, other IPs, and USAID/CDC—plans to complete Phase 2 in 2019.