Taking Differentiated Service Delivery to Scale in Zimbabwe: Progress in Implementation

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BACKGROUND/INTRODUCTION

Differentiated service delivery (DSD) policies in Zimbabwe are supported by the national government's HIV and ART Guidelines. A comprehensive Operational and Service Manual (OSDM), released in February of 2017, includes detailed guidance on every aspect of HIV prevention, care, and treatment. The 2017 OSDM is the first version to include provisions for DSD and, together with an accompanying HIV and AIDS Job Aid, clarifies all aspects of procedures for DSD models (DSDM) affecting supply chain management, health care workers, and pharmacy staff.

As an early adopter of decentralization of care and of task shifting, Zimbabwe has seen improved retention when implementing DSD via adolescent support groups and peer-led approaches. Challenges to scaling up DSD include limited access to routine viral load testing, funding, and acceptance of community-based models in urban and peri-urban areas.

Coordination resources at the national level include a technical working group, and a National DSD Coordinator supported by CQUIN. Plans are underway to update monitoring and evaluation (M&E) systems and training services for mentors, nurses, and the community to incorporate DSD. A key priority will be sensitization of all provinces on DSD standard operating protocols and the OSDM, agreeing on core DSD indicators, and the roll out of comprehensive models to districts. As part of CQUIN, members of the Zimbabwe team visited Swaziland in 2017, and will take part in ongoing learning exchange visits

Research priorities include assessing the cost-effectiveness of DSD, client satisfaction, and male participation. Zimbabwe will prioritize tracking outcomes of the 700,000 patients currently captured in their electronic health database systems. CQUIN is supporting a qualitative evaluation of male participation in community antiretroviral refill groups (CARGs).

DSD MODELS OFFERED

DSD in Zimbabwe is still in its early days, but with models offered throughout all ten provinces and supported by 7 implementing partners (IP), coverage by geographical area has progressed well. In addition, DSD has been integrated with tuberculosis programs and within the national HIV/TB partnership forum. The initial DSDM for ART was the Community ART Group (CARG), first piloted in the Gutu District in 2009, followed by the pharmacy fast-track refills model that started in Buhera. Although there are now five DSDM being offered in Zimbabwe, nationwide coverage of each varies. The DSDM include two facility-based models: the **Fast Track Refills** model for individuals and the **Facility-Based Group** model; two community-based models: the **Community-Based ART Group (CARG)** and **Outreach Refills;** and Zimbabwe's custom **Family Refill Model.**

The Zimbabwe OSDM sets out the definitions and features of each model and the minimum standards for their implementation. For example: the Family Refill Model, a model unique to Zimbabwe, enables a family member to collect medication for others, if there is more than one person living with HIV in the household.

Zimbabwe's diverse DSDMs include a unique method of multi-month ART scripting for adolescents in school. A defining feature of this model is dispensing a four-month prescription of antiretroviral (ARV) medication at the beginning of each school term (Figure 1). Another unique model employing multi-month prescriptions targets migrant workers from Matebeleland South who work in South Africa (Figure 2). The workers have formed groups, which periodically send one person, regardless of HIV status, to collect medications at a home-based clinic. Group members complete viral load (VL) checks in their country of residence and communicate results to health care workers by phone or WhatsApp. In both of these examples of population-specific models of multi-month ART, when the patients return home during the holidays, they complete full clinical consultations at that time.

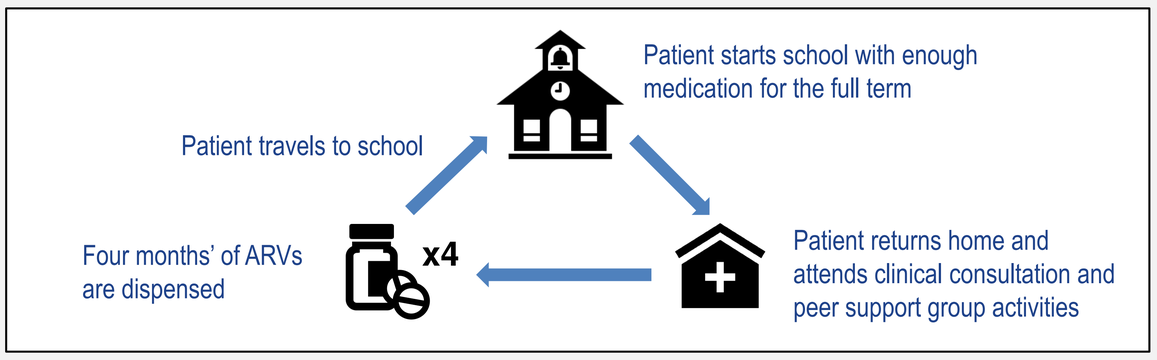

Figure 1: Schematic of Multi-Month ART Scripting for Adolescents

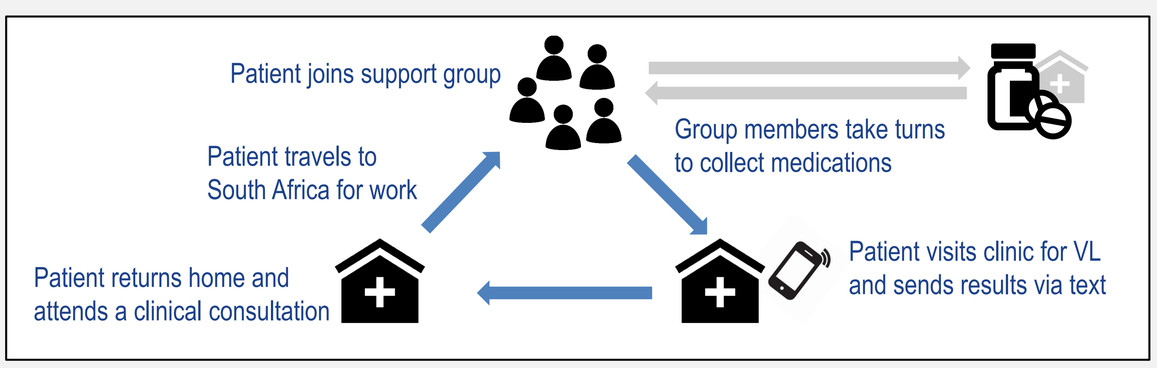

Figure 2: Schematic of Multi-Month ART for Migrant Workers

DSD DASHBOARD

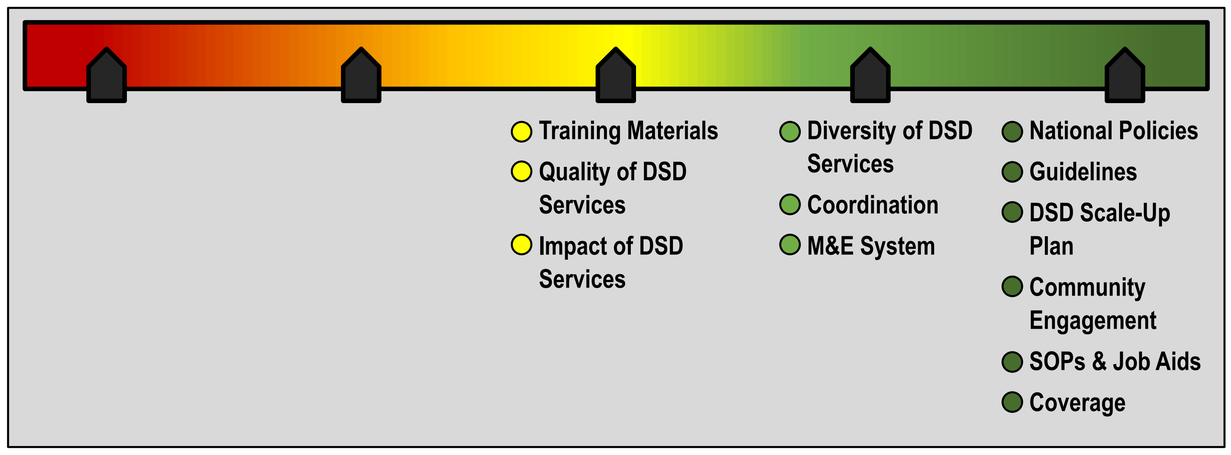

Figure 1. Zimbabwe DSD Dashboard, January 2018

The CQUIN DSD Dashboard was used to describe Zimbabwe's maturing 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.

In each domain, the DSD system in Zimbabwe met a clearly-defined set of standards for each color ranking. Most domains were found to meet the standards for the highest-level ranking, indicated by dark green (Figure 2). 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 **DSD Scale-Up Plan, Community Engagement** and **SOPs/Job Aids,** the following criteria were met, respectively: active implementation of a DSD scale-up plan; people living with HIV (PLHIV) and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation; and step-by-step national standard operating procedures (SOP) and job aids available for at least three DSDM. The final domain in which Zimbabwe has achieved the highest ranking is **Coverage,** which is characterized by at least one DSD model available at >75% of health facilities providing ART.

By utilizing this assessment tool, Zimbabwe has been able to quantify the progress being made in the scale-up of DSD implementation. With nine out of the 12 domains ranking light green or dark green, these results highlight the successes of the country's DSD efforts. Opportunities remain to strengthen the system through further development of quality management protocols for DSD and by scaling up evaluations of DSDM. As Zimbabwe continues to improve in all aspects of the domains assessed with this tool, the strategies employed to address the challenges encountered may prove useful to countries in the beginning stages of scaling up DSDM.

CASE STUDY/BEST PRACTICE

Integration of DSD models into HIV programming

A pillar of Zimbabwe's HIV programming is the OSDM guidance that details implementation provisions including, minimum care packages, capacity building and integration of services. Zimbabwe also has peer demonstration of DSDMs at special learning sites and tracks overall implementation progress on a DSD dashboard.

Mwenezi outreach model success

Outreach model implementation in the Mwenezi district was a critical investment and strategically planned model, since 83% of the population were underserved by health facilities. Following outreach model implementation, men were successfully reached through night clinic testing, as shown by high rates of testing 63% with yield ranging from 4% to 7%. The successful outreach effort was further characterized by the recovery of LTFU patients and provided clinical and VL monitoring access to clients in hard to reach areas.

NEXT STEPS/WAY FORWARD

Robust progress towards DSD scale-up has been demonstrated in Zimbabwe since the onset of the CARG pilot in 2009. Key challenges include limited understanding of DSDM among HCW and patients, a perception of increased treatment default in CARGs, long turnaround time for VL, and low CARG uptake in some settings, due to fears of disclosure. To further scale-up DSD in Zimbabwe, research priorities include topics such as acceptability of DSDM among PLHIV, acceptability of DSDM for urban-dwelling , patient satisfaction with DSDM, and cost-benefit analyses of implementing DSDM in low-resource settings.

A number of special studies are underway to inform DSD implementation, including Male Engagement in CARGs, Transforming Community Health Systems to Improve Health Outcomes for PLHIV, Effectiveness and Cost-Effectiveness of Three and Six-monthly Dispensing of Antiretroviral Treatment for Stable Patients in Community ART Refill Groups, an Assessment of CARGs.

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