Taking Differentiated Service Delivery to Scale in Zambia: A Coordinated Strategy to Increase Coverage

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BACKGROUND

Differentiated Service Delivery (DSD) was introduced to Zambia in 2013 in the form of standalone models and pilot projects offered by implementing partners. Since then, DSD has become a fundamental service delivery mechanism for the National HIV/ART program. The formation of Zambia's National DSD Task Force, led by a National DSD Coordinator, has been a dynamic contributing factor to DSD scale-up through interagency collaboration. The Task Force has developed key national guidance documents for implementation, including the DSD Framework that was recently launched by the Minister of Health at the annual National ART Technical Update Conference in October 2018.

To meet the needs of the healthcare system, Zambia identifies the nationwide availability of DSD services as a priority objective. The national program seeks to expand access to DSD models (DSDM) for stable clients, as well as prioritizing models for adolescents. Zambia routinely engages people living with HIV (PLHIV) and civil society organizations in all aspects of the DSD implementation process through their inclusion on the DSD Task Force.

DSD MODELS OFFERED

Currently, nine main DSDM for ART are available in Zambia, including three facility-based models—**Fast-Track, Multi-Month Scripting, and Urban/Rural Adherence Groups** (UAG)—and four community-based models—**Community Adherence Groups/Clubs** (CAG), **Chronic Centralized Medicines Dispensing & Distribution** (CCMDD), the **Community (Retail) Pharmacy** model, and **Health Post (HP) Model Dispensation**—plus two outreach models—the **Mobile ART Distribution Model** and **Home ART Delivery.** In addition to these models, Zambia also offers a specialty adherence group model for adolescents and young adults, known as the **Scholars (Adolescent) Model.**

DSD UPTAKE AND COVERAGE

As of October 2018, DSD is supported in all 10 provinces of Zambia and DSDM is provided by 7 (88%) of the 8 implementing partners (IP) supporting ART services in the country. Overall, there are 2,961 facilities in Zambia that provide ART and, of those, 303 (10%) offer at least one DSDM.

Data on the facility and client uptake of specific DSDM is available for some select models. With results for seven of the nine available models and 303 facilities providing DSD, it is clear that most of these facilities offer more than one model. The most commonly-offered model is the HP Model Dispensation, at 224 facilities, followed distantly by the CAG model at 75 facilities and the UAG model at 46 facilities (Figure 1).

When looking at client uptake by DSDM, we can again see that uptake of HP Model Dispensation far outpaces the uptake of all other models, with 61,002 clients currently enrolled (Figure 2). While uptake of the CAG model among clients again comes in second, with 17,081 clients enrolled, the third-most commonly enrolled model is Fast-Track, with 6,128 clients.

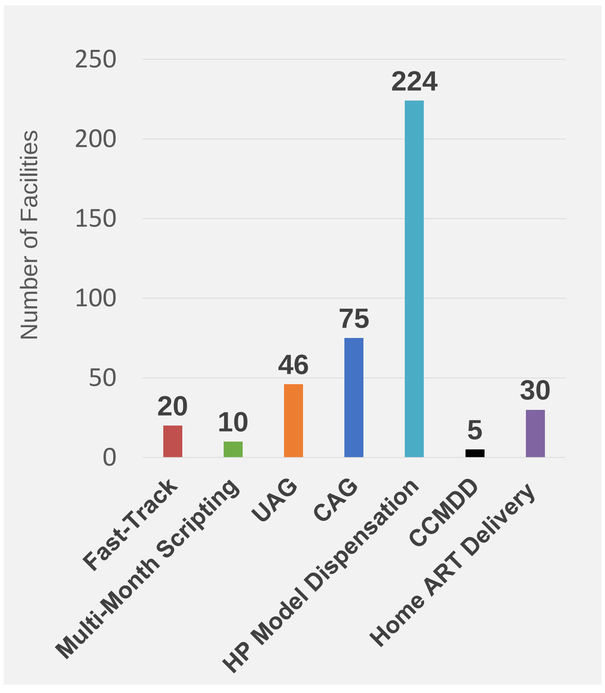

Figure 1. Facility uptake of DSD in Zambia by DSDM, October 2018

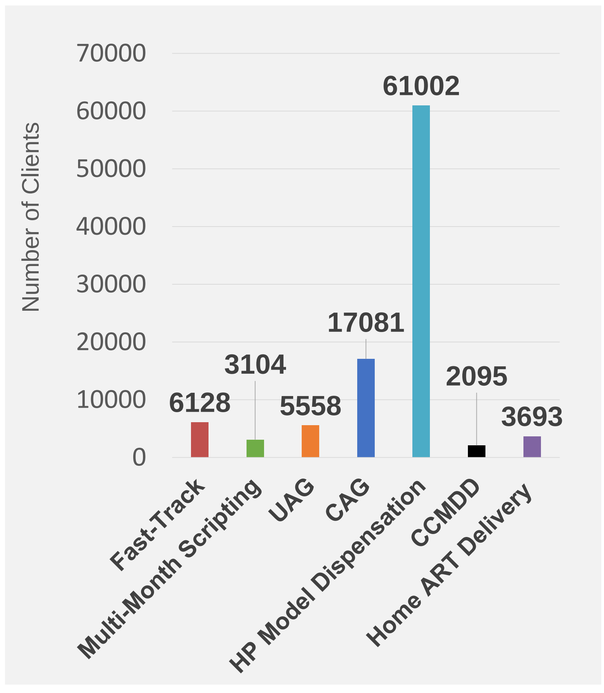

Figure 2: Client uptake of DSD in Zambia by DSDM, October 2018

DSD DASHBOARD

The CQUIN DSD Dashboard measures DSD scale-up across 13 domains, using a five-step color scale to rank progress and performance—from red, indicating no activity, to dark green, indicating significant and robust implementation. The October 2018 staging found that Zambia had the highest-possible ranking, dark green, in six of the 13 domains (Figure 3) and had achieved light green in an additional two domains. The five remaining domains were found to be unaddressed or in the early stages of scale-up.

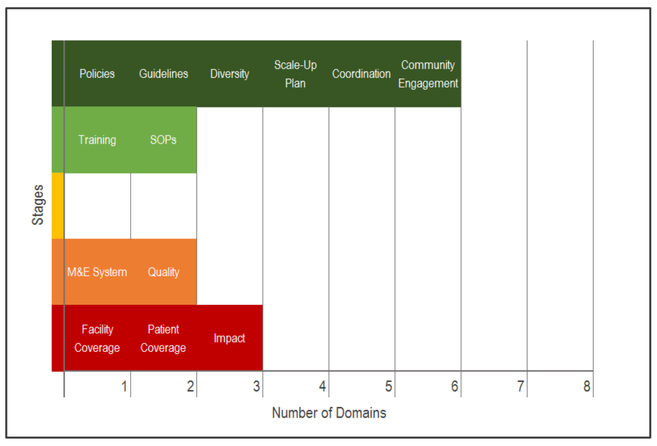

Figure 3. Zambia DSD Dashboard staging domains by stage, October 2018

Figure 4 describes the progress Zambia has achieved between February and October of 2018, with advancements in five of the eight key domains highlighted here. While it may appear that there was a regression in progress under the Impact domain, this discrepancy has been identified as an artifact of recent improvements in the process used to complete the DSD Dashboard staging.

As Zambia continues to make progress in scaling up DSD, regular assessments using the improved CQUIN DSD Dashboard will provide valuable information on achievements reached and highlight areas where remaining challenges may require targeted attention.

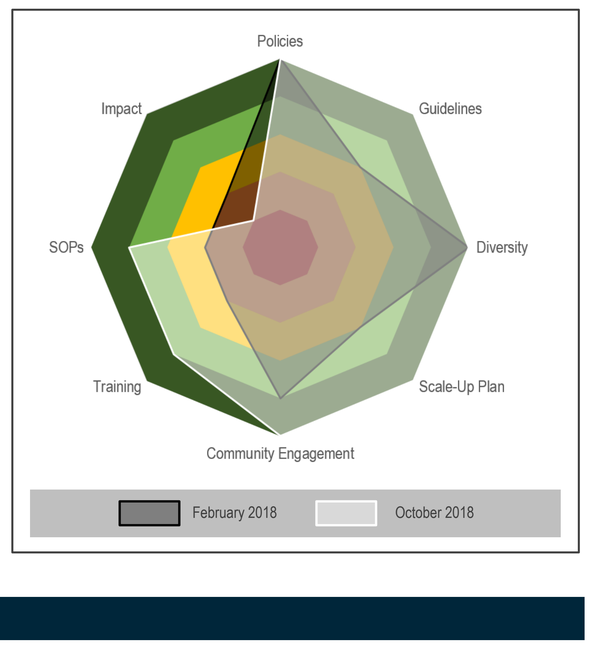

Figure 4. Radar chart of Zambia DSD Dashboard staging, February and October 2018

LESSONS LEARNED

As Zambia has made enormous strides in recent months, a number challenges addressed by the Ministry of Health (MoH) have provided the opportunity to identify lessons learned that may benefit other countries in the early stages of DSD scale-up or those facing similar challenges.

First, Zambia has learned that the importance of oversight from a DSD Task Force cannot be understated. In Zambia, the Task Force comprises diverse stakeholders with an interest in DSD and provides the driving force to ensure timelines are met and the DSD scale-up plan stays on track.

Second, it is important to nest the DSD program within the national HIV treatment program. In Zambia's experience, this is important for coordinating with the National HIV Program and includes providing regular updates to the central HIV Technical Working Group for the endorsement of new DSD activities. This process is iterative and ensures that input can be given before policies are endorsed by senior leadership within MoH.

Finally, Zambia recommends implementing DSDM within existing structures by taking advantage of the pre-existing community and facility-based ART delivery structures. This strategy promotes national ownership, maximizes acceptance from providers and community volunteers, and fosters program sustainability.

NEXT STEPS/WAY FORWARD

The immediate objective of the Zambia MoH is to scale up DSD nationwide. By putting to use the lessons learned from many years of IP-implemented standalone models and through the leadership of the DSD Task Force, Zambia is looking forward to a rapid and systematic scale-up of the DSD program.

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