Taking Differentiated Service Delivery to Scale in Eswatini

Hervé Nzereka Kambale[1], Nomthandazo Lukhele[1], Nobuhle Mthethwa[1], Sindy Matse[1], Nompilo Gwebu[1], Thembie Dlamini[1], Lydia Mpango[2], Bridget Mugisa[3], Victoria Masuku[3], Zororayi Madavirashe[4], Lorraine Pasipamire[4], Ian Kaayo[5], Gavin Khumalo[5], Allie Hughey[6]

1. Eswatini National AIDS Programme (SNAP), 2. AIDS Free, 3. University Research Co. LLC (URC), 4. Médecins Sans Frontières (MSF), 5. Eswatini Network of People Living with HIV/AIDS (SWANNEPHA), 6. Clinton Health Access Initiative (CHAI)

BACKGROUND

The Kingdom of Eswatini has made significant progress in the fight against HIV/AIDS, increasing the number of people living with HIV (PLHIV) on antiretroviral therapy (ART) to 174,103 (85%) with 91% viral suppression in 2017 (MOH 2017). The Eswatini Ministry of Health (MOH) through the Eswatini National AIDS Programme (SNAP) launched differentiated service delivery (DSD) in 2014, via pilot projects supported by Médecins Sans Frontières and ICAP. The MOH then developed and disseminated the National Policy Guidelines for Community-Centered Models of ART Service (CommART) Delivery in June 2016. A DSD technical working group (TWG) has also been established in November 2017, guiding and overseeing DSD implementation in the Kingdom of Eswatini, developing tools for monitoring and evaluation (M&E) of DSD, information education communication (IEC) materials and DSD protocols.

The training materials have begun to be used to train health care workers, including expert clients, to deliver high quality DSD services. As seen in Figure 1, 73% of nurses and 83% of Expert Clients (ECs) from ART units have been trained to implement DSD treatment models.

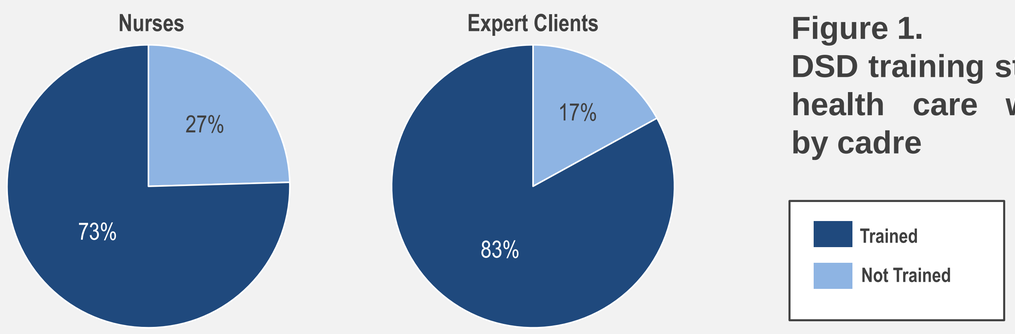

Figure 1. DSD training status of health care workers by cadre

DSD MODELS OFFERED

Eswatini offers both facility-based and community-based DSD treatment models (DSDM). Facility-based DSDM include **Fast Track, Teen Clubs, Facility Treatment Clubs for Adults,** and the **Family Centered Model**. Community-based models include **Community-Based Art Groups** and **Outreach Models.** In Eswatini, outreach models provide both ART initiation and ART refill services outside the facility in locations chosen to best reach and meet the needs of the specific population group.

DSD UPTAKE AND COVERAGE

DSDM is currently available in all 4 regions of Eswatini. The country has 153 ART facilities eligible to provide DSD and 123 of these (80%) offer DSD. All 123 DSD HF (100%) have enrolled at least 10% of DSD-eligible clients in a DSDM. Some facilities offer more than one DSDM, but facility uptake of DSD model varies by model type, with more facilities offering facility-based models than community-based models (Figure 2). The most commonly-implemented model is the Facility Treatment Club, which is available at 97 facilities, followed by Fast Track, offered at 71 facilities.

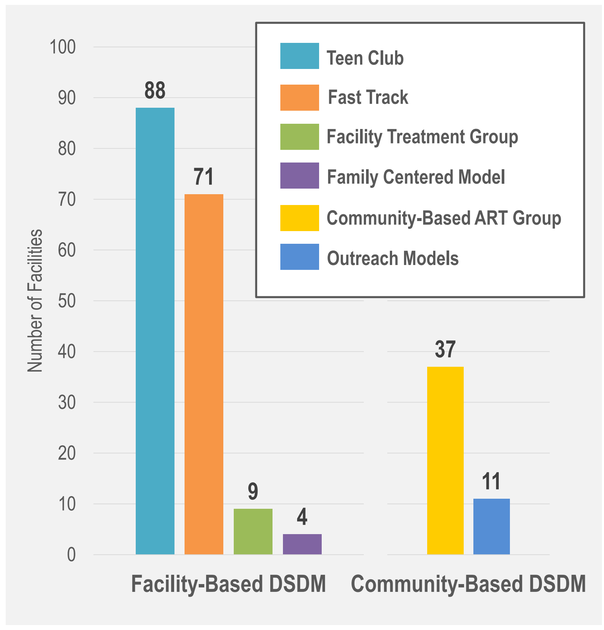

Figure 2. Facility uptake by DSM

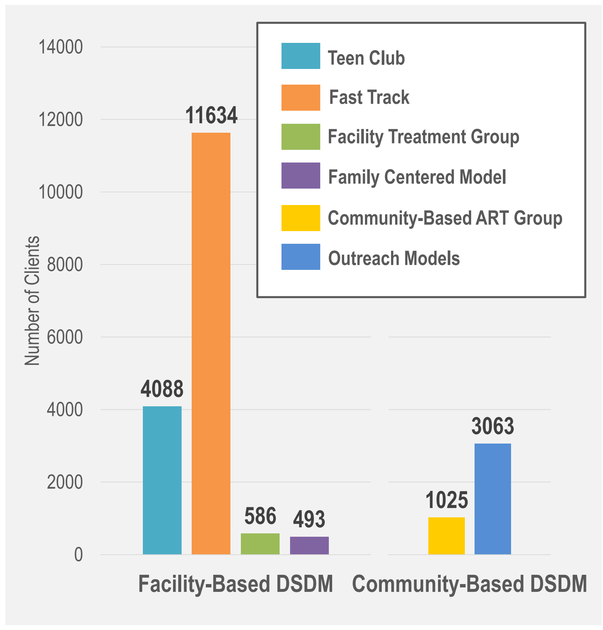

Figure 3. Client uptake by DSDM

Out of an estimated 134,906 clients eligible for DSD in the country, 20,889 (15.5%) are enrolled in a DSDM. Figure 3 describes client uptake of DSD by model type, illustrating that there is more client uptake of facility-based models than community-based and far more clients have enrolled in Fast Track (11,634 clients) compared to any other model type.

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 process showed that Eswatini had the highest-possible ranking, dark green, in eight of the 13 domains (Figure 4), which reflects the high level to which the country has advanced DSD implementation.

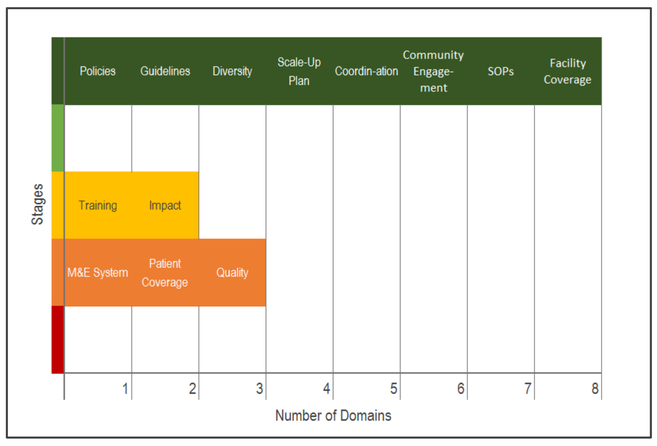

Figure 4. Eswatini DSD Dashboard staging domains by stage, October 2018

Community Engagement domains.

While it does appear that there has been a regression in progress for the Training and Impact domains, these discrepancies are artifacts of recent improvements to the staging process and are not reflective of actual backwards movement by the Eswatini DSD program.

With ongoing, regular assessments using the updated DSD Dashboard staging procedures, Eswatini will be able to better monitor the progress made in scaling up DSD, highlight the achievements made, and identify areas where remaining challenges may require targeted strategies to reach goals.

While Eswatini has identified three domains that are still in the early stages of scale-up (orange), progress has been made since the last DSD staging was completed in February of 2018. Figure 5 describes the staging of eight key domains at two different time points eight months apart. This chart highlights the extent to which Eswatini has achieved recent progress in the Scale-Up Plan and

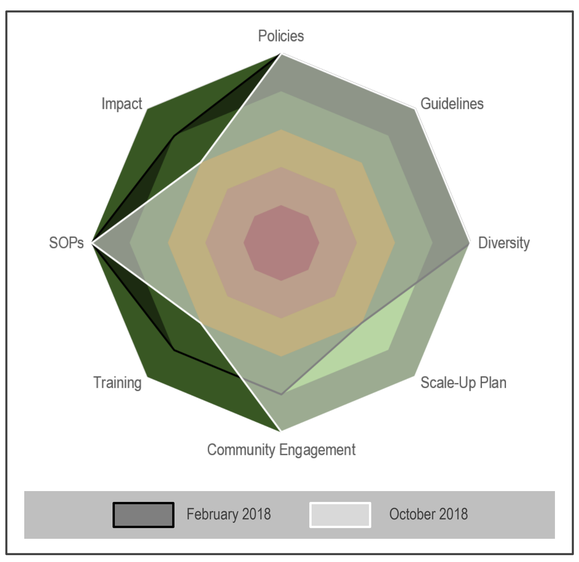

Figure 5. Radar chart of Eswatini DSD Dashboard staging, February and October 2018

OPPORTUNITIES FOR CROSS-BORDER LEARNING

While Eswatini has made great progress in further refining the operations of its DSD program, SNAP recognizes that it stands to benefit from the experience of other countries. To that end, three areas where Eswatini hopes to learn from other CQUIN member countries have been identified.

Eswatini faces challenges in enrolling clients with non-communicable diseases (NCDs) on DSD and would be eager to learn and explore best practices from countries that have implemented DSD models for non-stable clients. On a related note, DSD for key populations (KP) is another area where Eswatini would like to learn more, particularly how challenges related to the implementation of DSD for KP can be overcome.

Finally, Eswatini has learned that some countries have implemented drug distribution points to allow clients to collect ART refills outside of the health facility. This service is not currently offered in Eswatini and SNAP would be grateful for the opportunity to learn more about this from a country that has implemented it.

NEXT STEPS/WAY FORWARD

Following participation in a recent CQUIN-supported DSD quality improvement (QI) workshop in Malawi, Eswatini will pilot a QI project in 3 high-volume ART clinics with the aim to increase the proportion of eligible ART clients enrolled in DSD. Other QI-related initiatives include plans to conduct an in-country learning exchange to sites with high patient coverage of DSD.

In upcoming research initiatives, a protocol has been drafted to survey patient and health worker satisfaction with regard to DSD implementation and models offered.

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