



Taking Differentiated Service Delivery to Scale in South Africa: Leveraging Diverse Resources for Diverse Patient Needs

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BACKGROUND

South Africa has the world's largest HIV epidemic, with more than 7 million adults and children living with HIV, and an adult HIV prevalence of almost 19%. HIV case detection and provision of antiretroviral treatment (ART) has expanded dramatically in recent years, with 4.4 million people living with HIV (PLHIV) on ART in 2018 and a national goal of initiating an additional 2 million PLHIV on ART by 2021. To improve the effectiveness of health services for PLHIV and other populations, the South Africa national department of health (NDOH) introduced national adherence guidelines (AGL) for chronic diseases in 2015. The AGL includes standard operating procedures for the set of nationally-implemented differentiated service delivery (DSD) models for

DSD MODELS OFFERED

With a clinician's confirmation, DSD models are offered to stable patients, defined as those ≥ 18 years who have been on the same ART regimen for at least 12 months, have two consecutive undetectable viral load (VL) results, two consecutive normal results for diabetes and hypertension, and no medical conditions requiring regular clinical consultations, such as TB.

Patients enrolled in the **Spaced and Fast Lane Appointments (SFLA)** receive 6 months' prescription for their medication, and must attend the clinic once a year for clinical assessment and laboratory testing. Facilities offering SFLA maintain a dedicated fast lane pick up point at the pharmacy for a specified period decided by each facility. Patient files and pre-packaging of medicines for patients are prepared a day in advance of scheduled visits to facilitate the fast lane system.

Adherence Clubs (AC) consist of no more than 30 patients, who meet every 2 months as a group for approximately 1 to 1.5 hours. Clubs may meet at health facilities during standard clinic hours or extended hours, or in community locations such as a patient's home or a community venue such as NGO or church. Pre-packed ART medications are provided to club members by a facilitator. AC members are required to visit the health facility annually for lab tests and clinical consultations.

Lastly, under the **Central Chronic Medicine Dispensing and Distribution (CCMDD)** model, eligible patients choose a community-based pick-up point (PuP), such as a retail pharmacy, from which they receive ART. Patients may also nominate a person to collect the medicine on their behalf. The patient is provided prescriptions for 6 months, with drug refills at the PuP occurring every 2 months. At the point of refill, the person distributing the ART parcel is expected to inquire about the patient's treatment, and request patient to return to their originating health facility if they are not feeling well or perceived unstable.

DSD COVERAGE

South Africa has successfully introduced DSD models for ART across all 9 provinces nationally, with each of approximately 4,000 health facilities providing ART enrolling at least 10% of eligible ART patients in a DSD model. Both facility-based and community-based DSD options are common, with more than 900,000 patients receiving SFLA and over 700,000 receiving ART refills in community settings via CCMDD (Figure 1). In addition, nearly 275,000 patients are enrolled in ART adherence clubs, a slight majority of whom belong to facility-based clubs.

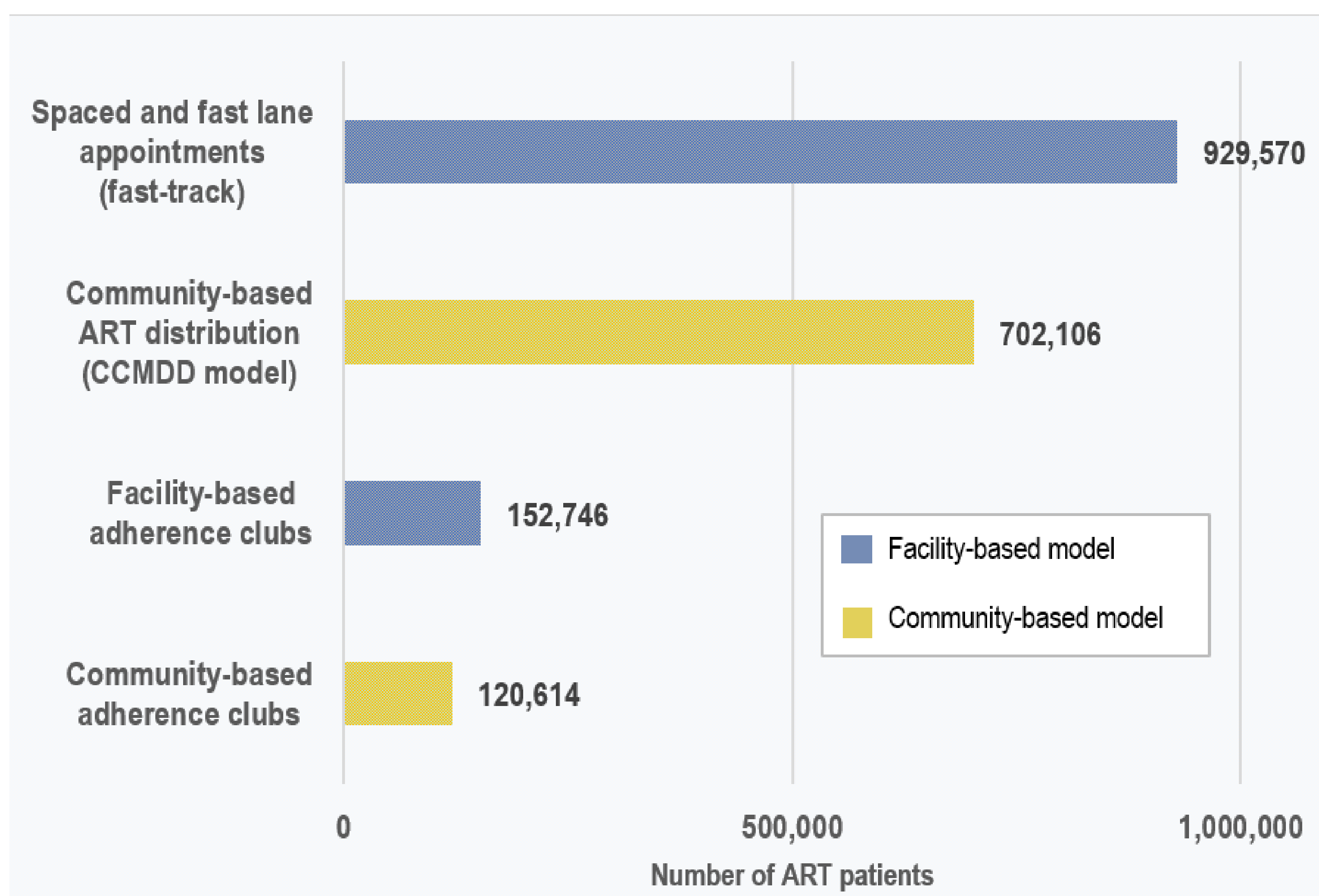


Figure 1. Numbers of patients enrolled in DSD models for ART, South Africa

DSD DASHBOARD

The CQUIN DSD Dashboard self-assessment was used to quantify progress being made as South Africa rolls out its national DSD program. Across 13 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.

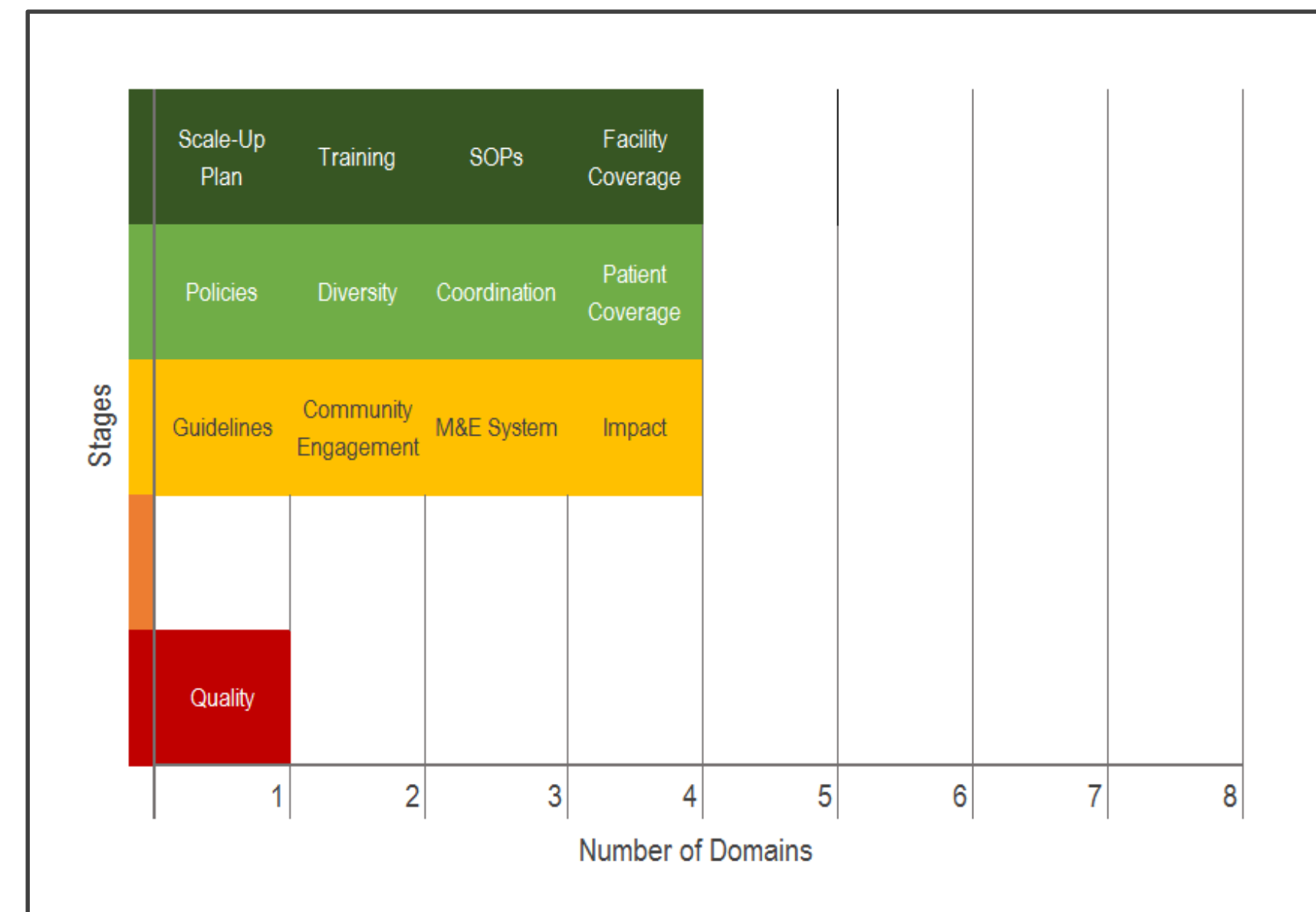


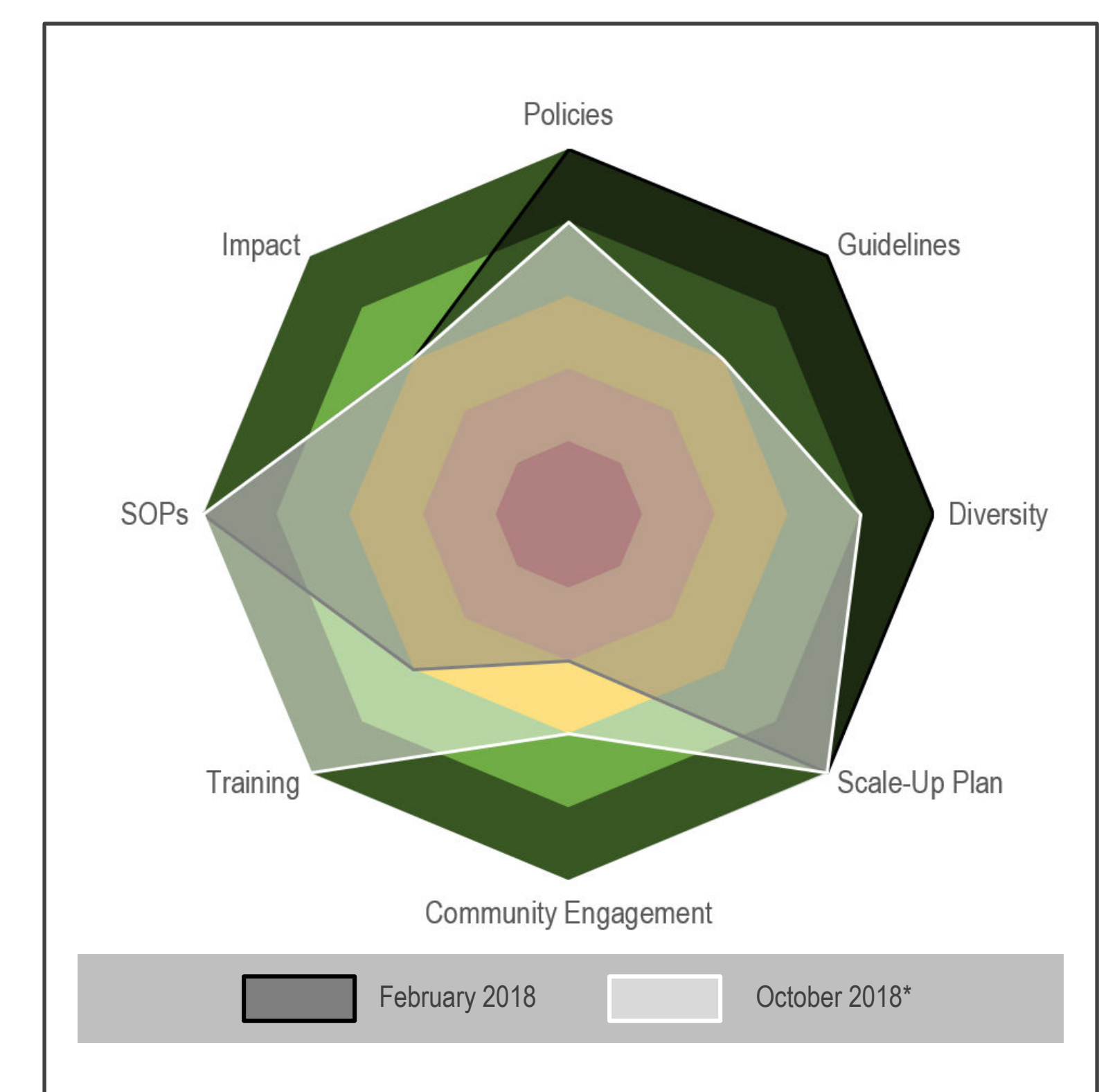
Figure 2. Preliminary South Africa DSD Dashboard staging domains by stage, October 2018

Figure 3 describes the staging of 8 key domains in February 2018 and the preliminary data from October 2018. Visible progress has been made in the Training domain—in which South Africa has moved from yellow to dark green—and Community Engagement, with improvement from orange to yellow. While it appears that the staging has regressed in some domains, these discrepancies are artifacts of improvements in the process used to complete the staging and increased understanding of the staging criteria.

Regular DSD Dashboard assessments will provide valuable information to the NDOH on achievements reached and highlight areas that may require targeted attention.

In a preliminary assessment undertaken in October 2018, South Africa was found to meet the standards for dark green in four of the 13 domains (Figure 2) and light green in an additional four domains.

Only one domain, Quality, was classified as red, indicating that South Africa has progressed beyond the earliest stages of DSD program development in the majority of domains.



*Data are preliminary

Figure 3. Radar chart of South Africa DSD Dashboard staging, February and October 2018*

CASE STUDY/BEST PRACTICE

The NDOH—with the World Bank, Boston University & HE2RO—recently evaluated the impact of early implementation of AGL interventions for PLHIV, including DSD ART models. The evaluation was conducted in 24 facilities across four provinces: Gauteng, Kwa Zulu Natal, Limpopo and North West. Data collection occurred in three phases, including an initial formative qualitative research phase and retrospective comparative analysis phases. Results of the evaluation are publicly available at the web locations listed below.

<https://openknowledge.worldbank.org/handle/10986/28873>
<https://openknowledge.worldbank.org/handle/10986/28874>

NEXT STEPS/WAY FORWARD

NDOH is designing a standardized Advanced Clinical Care (ACC), with a national training curriculum under development and plans to convene a national workshop on ACC underway. Ultimately, NDOH is planning to implement the ACC approach in all 9 provinces.

In addition, South Africa plans to focus efforts on strengthening M&E for DSD by standardizing tools, such as registers used for DSD models and documentation for referrals. Further, the NDOH plans to explore creative ways to incorporate DSD M&E indicators into routine health management information systems (HMIS) including the TIER.net patient electronic ART medical record, and the aggregate facility-level reports maintained in the national District Health Information System (DHIS2). It is envisioned that the updated M&E system will be utilized to capture and possibly compile data for reporting in electronic national HMIS.