



Taking Differentiated Service Delivery to Scale in Malawi

Expanding Promising Models to Address Gaps

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BACKGROUND

Malawi introduced differentiated service delivery (DSD) in 2006 as part of a national strategy to build a robust national HIV program around the needs of the country's diverse population of people living with HIV (PLHIV). Strong political support for DSD scale-up has created an enabling environment for the DSD sub-technical working group (TWG) to work with stakeholders to mainstream DSD.

Engagement with civil society and the PLHIV community has been crucial to the success and scale-up of DSD in Malawi. To improve treatment outcomes among adolescents and young people, the Teen Club DSD model (DSDM) has been scaled up across priority districts with support from the Global Fund. Task-shifting has been a focus of Malawi's strategy to differentiate HIV services since 2006, when nurse-led ART initiation was introduced, and the country is now scaling up nurse-led community-based ART refills.

As an active member of the CQUIN Learning Network, Malawi has hosted several south-to-south visits to share best practices, including the Teen Club model and nurse-led community ART refill model, with other network countries. Malawi also hosted the recent CQUIN Quality Improvement for DSD Workshop, which built capacity amongst network members to apply quality improvement (QI) methods to improve DSD services.



Left: Malawi's Lighthouse Clinic hosts a team from Mozambique to share lessons on nurse-led community ART delivery model. Mozambique has since adopted the model.

DSD MODELS OFFERED

Currently, Malawi offers five DSDM: **3-Month ART Refills** for stable patients, first instituted in 2008, the highly successful **Teen Club** model and the **Extended-Hour ART Refill** model (Figure 1). The **Nurse-Led Community ART Refill** and **Drop-In Center** models are the newest models adopted in Malawi, both of which were endorsed in 2018. In addition, a **Fast Track** pilot project is ongoing, with plans to officially adopt the model in the near future, and 6-month ART refills is being evaluated.

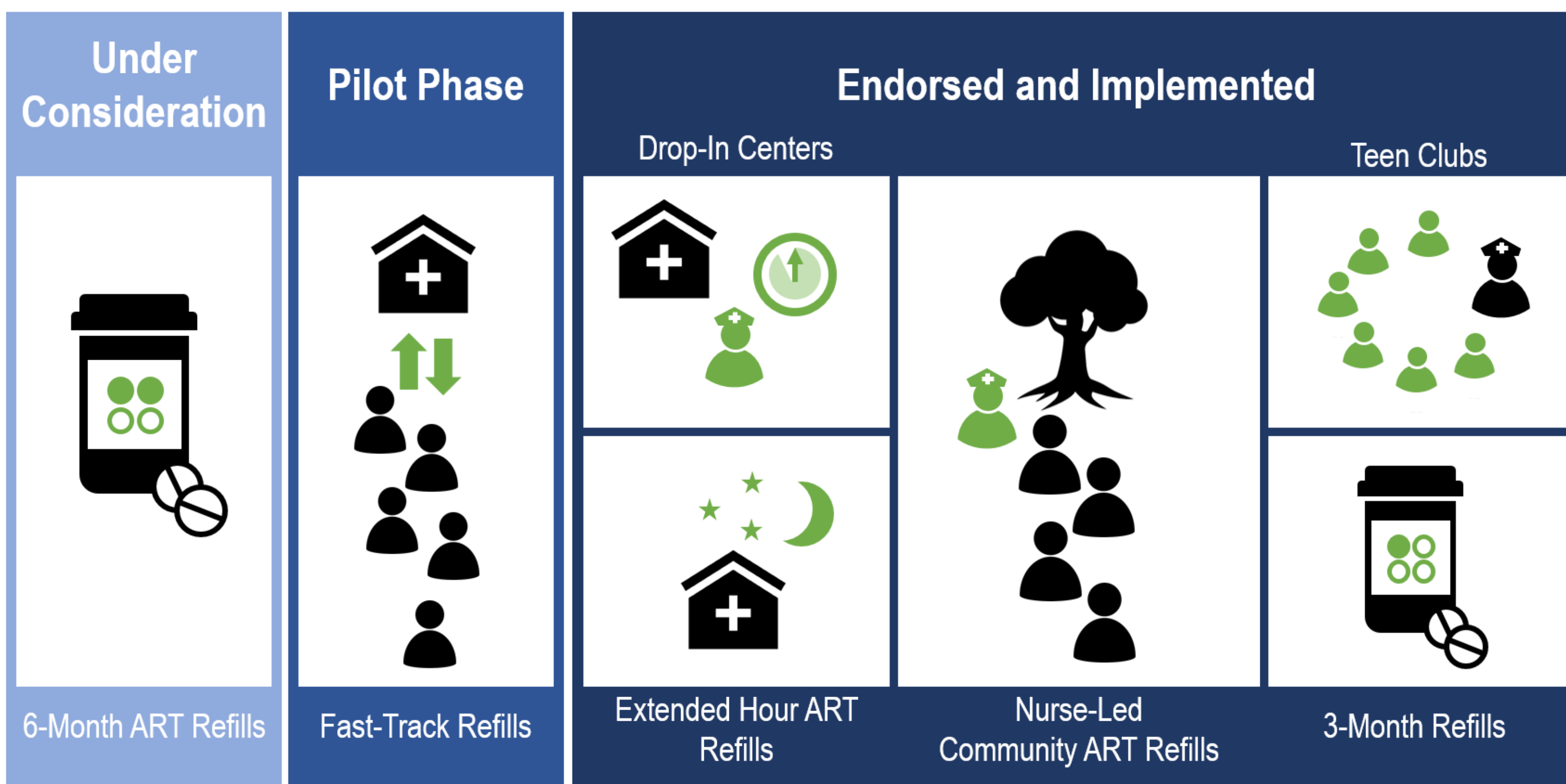


Figure 1. Graphic representations of the models of Differentiated Service Delivery currently implemented, in pilot phase, and under consideration in Malawi, November 2018

DSD UPTAKE AND COVERAGE

DSD is supported in all 28 districts in Malawi. Additionally, 6 of the 12 (50%) implementing partners currently supporting antiretroviral therapy (ART) services in the country are also supporting DSD implementation.

A total of 740 facilities in the country provide ART services, all of which (100%) also offer at least one DSDM. The 3-Month ART Refill model has been widely implemented among clients, with >90% of eligible clients enrolled in this model. Fast Track Dispensing and CAGs are piloted at 5% and 10% of sites, respectively.

DSD DASHBOARD

The CQUIN DSD Dashboard was used by Malawi to monitor the country's maturing DSD program. Across 13 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.

Preliminary results of a systematic, inclusive staging process undertaken in October 2018, indicate Malawi has met the standards for the highest-possible ranking, dark green, in five of the 13 domains (Figure 2) and light green in an additional domain.

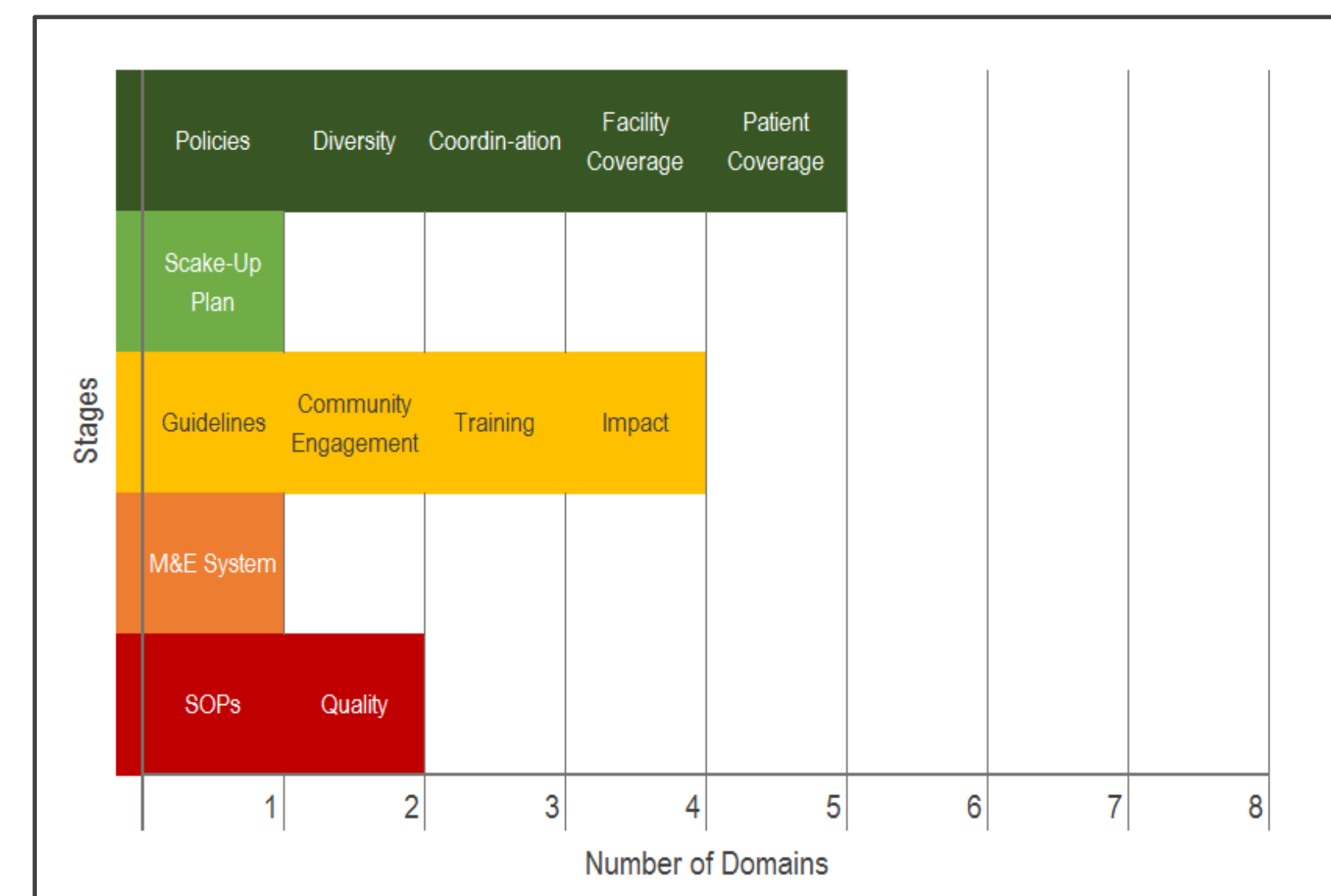


Figure 2. Preliminary Malawi DSD Dashboard staging domains by stage, October 2018

While Malawi has identified three domains that have yet to be addressed or are still in the early stages of scale-up (red and orange), progress has been made in the eight months since the DSD Dashboard staging was last completed. Figure 3 describes the staging of eight key domains in February and October, 2018. The Diversity domain staging has advanced from light green—DSDM are available for adult and adolescent patients and one additional patient group—to dark green, indicating that DSDM are now available for two or more additional patient groups. Additional progress has been made in the Scale-Up Plan and Training domains, which have seen improvement from orange to light green and orange to yellow, respectively.

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.

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

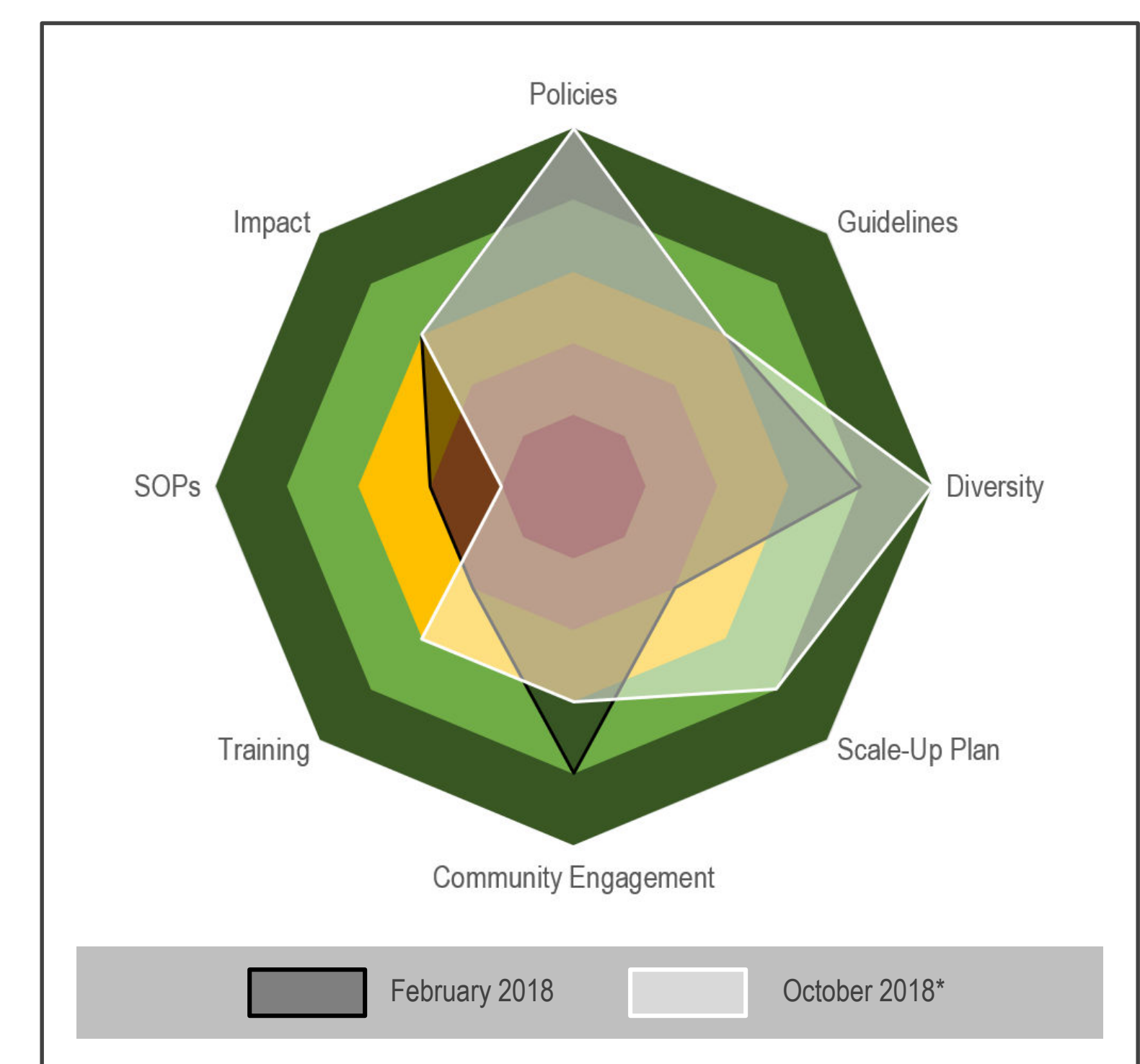


Figure 3. Radar chart of Malawi DSD Dashboard staging, February and October 2018*

*Data are preliminary

CHALLENGES AND SUCCESSES

Malawi completed a formal quantitative and qualitative evaluation of DSD in 2016. This showed that most of the potential efficiency and cost savings had already been realized through successful national implementation of 3-Month ART refills. However, there were challenges with accurate patient differentiation, probably due to the severe HRH constraints at most sites. To address this challenge, Malawi—with Global Fund support—has instituted a Master Mentor program, to train and capacitate a 10-person team of mentors to complement the centralized ART trainings. These master mentors are available to be deployed to facilities in all 28 districts of Malawi.

The planned introduction of dolutegravir-based ART regimens and new routine diagnostic tools (urine-LAM, serum CrAg) will require closer clinical follow-up in 2019.

NEXT STEPS/WAY FORWARD

Building on the successful enrollment of >90% of eligible ART clients enrolled in the 3-Month ART Refill model, the scale up the Teen Club and Nurse-Led Community ART Refill models will continue. The adoption of further extended refill intervals and the fast track model will be informed by the evaluation of pilot findings.

The ongoing rapid deployment of electronic medical records systems to cover >70% of the national ART patient cohort will be used to establish routine detailed reporting on DSD without adding more workload to the sites.

