Taking Differentiated Service Delivery to Scale in Uganda
Diverse Models for HIV Care and Treatment

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BACKGROUND

The AIDS Control Program (ACP) of the Ministry of Health (MOH) Uganda has made a significant impact in the country's fight against HIV. However, despite ongoing success, lifesaving antiretroviral therapy (ART) services are not yet available to all people living with HIV (PLHIV) in Uganda and health outcomes vary by geography as well as across society by economic, demographic, and social characteristics.

According to the results of the 2016 Uganda Population HIV Impact Assessment (UPHIA), 6% of adults aged 15-64 years in Uganda are living with HIV.[1] Of the estimated 1.2 million adults aged 15-64 living with HIV, 73% are aware of their HIV status, 90% of those aware of their status were receiving ART, and 84% of those on ART were virally suppressed (Figure 1). Comparing these results to the UNAIDS 90-90-90 goals, it is clear that Uganda has made great progress. In order to continue the pace of this progress, the Uganda National Consolidated HIV Prevention, Care and Treatment Guidelines of 2016 and 2018 identified a number of strategies to enable Uganda to meet these goals—of which, differentiated service delivery (DSD) is an important component.

As part of the strategy to scale up DSD, a DSD Technical Working Group (TWG) was formed to lead the country in activities such as incorporating DSD into national policy guidelines, developing implementation guides and trainings, revising existing health management information systems (HMIS) tools and developing new tools, pre-testing DSD implementation packages, and overseeing capacity-building efforts at all levels of the health system.

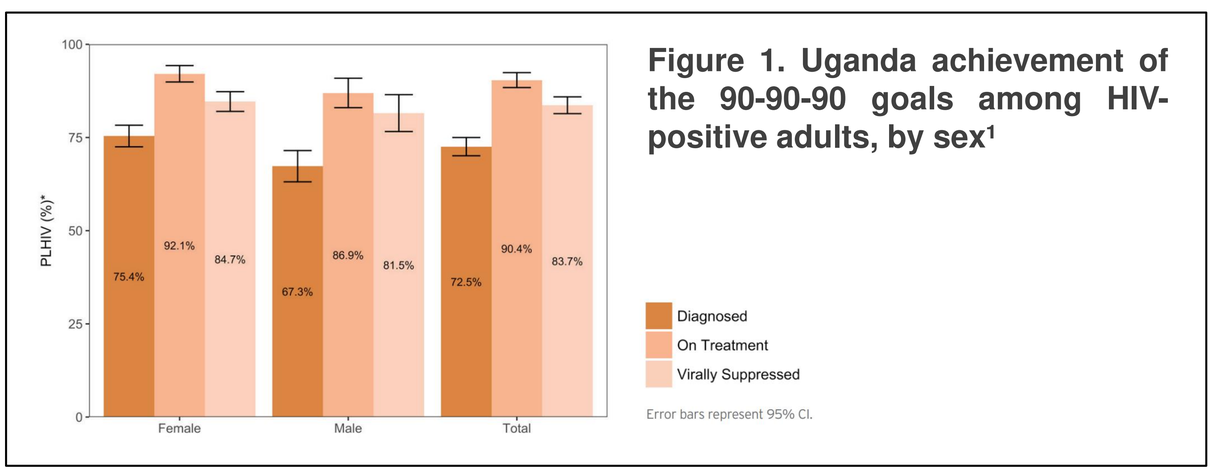

Figure 1. Uganda achievement of the 90-90-90 goals among HIV-positive adults, by sex[1]

DSD MODELS OFFERED

DSD was first adopted for national implementation in Uganda in 2016, but standalone models have long been offered by implementing partners such as TASO, RHITES Southwest, IDI, and others. Under Uganda's National Guidelines for Differentiated Service Delivery Models, five nationally-endorsed models of DSD have been adopted and all PLHIV in the country are eligible for at least one model.

Clients who have newly started ART, are not virally suppressed, or have other risk factors for disease progression are prioritized for the **Facility Based Individual Management** (FBIM) model, otherwise known as Comprehensive Clinical Evaluation (CCE), which is analogous to the standard of care. The other two facility-based models are the **Facility Based Group** (FBG) and **Fast Track Drug Refill** (FTDR) models. Two community based models complete the package of DSD models (DSDM) offered in Uganda: **Community Client Led ART Delivery** (CCLAD) and **Community Drug Distribution Points** (CDDP).

DSD COVERAGE

Uganda is currently in the process of scaling up DSD models (DSDM) in the country. While DSD is currently available in 82 (64%) of the 128 districts in Uganda where ART is offered and 19 (95%) of the 20 implementing partners who support ART services are supporting DSD, overall facility uptake of DSD currently stands at 40% (734 / 1,832 facilities).

Of the 1,140,550 PLHIV receiving ART in Uganda, 580,104 (51%) are enrolled in a DSDM. Of all DSD clients, most (338,100; 58%) are enrolled in FBIM (Figure 2). The model with the second-highest uptake is FDTR, in which 140,955 (24%) of DSD clients have enrolled.

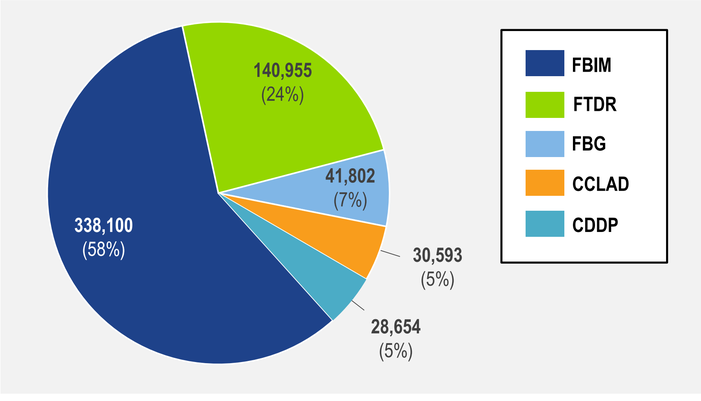

Figure 2. Patient uptake by DSD model

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 Uganda had the highest-possible ranking, dark green, in seven of the 13 domains (Figure 3) and light green in an additional three domains. Only one domain, each, was found to be unaddressed (red) or in the early stages of scale-up (orange).

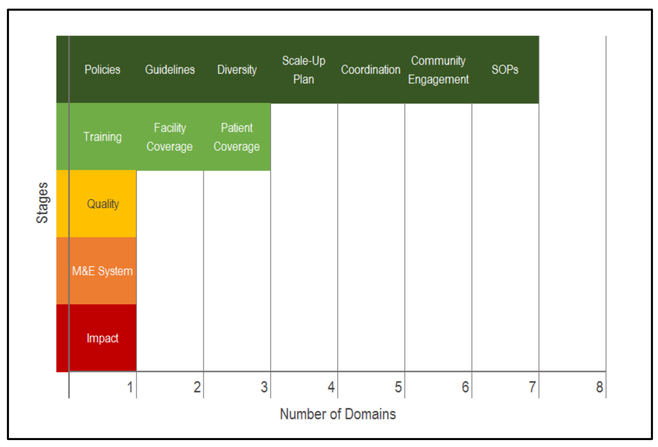

Figure 3. Uganda DSD Dashboard staging domains by stage, October 2018

While it may appear that staging of the Impact domain has regressed, this is an artifact of recent improvements in the process used to complete the staging and increased understanding of the staging criteria.

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

Figure 4 describes the staging of eight key domains at two different time points (February and October 2018) for comparison. This chart highlights the high-level progress made by Uganda in most domains and the recent progress the country has made in the Community Engagement domain—moving from yellow to dark green in only eight months.

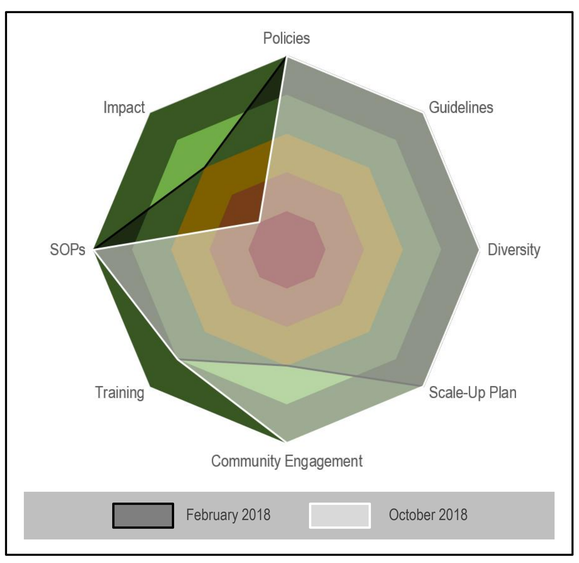

Figure 4. Radar chart of Uganda DSD Dashboard staging, February and October 2018

LESSONS LEARNED

A number of lessons learned by the Uganda MOH have been identified as of potential benefit to other countries just beginning to scale up DSD or those facing similar challenges.

As highlighted by Uganda's HIV guidelines, the importance of DSD to reaching the 90-90-90 goals cannot be discounted, particularly when it comes to the critical first 90, which highlights the need for differentiated testing services.

Expanding DSDM to all clients, including those not stable on ART is necessary for ensuring the needs of all PLHIV are addressed. Additionally, this strategy provides additional support to promote retention and viral suppression.

Finally, the need for targeted mentorship as a supplement to training is necessary for supporting health care workers during the roll-out of DSDM

NEXT STEPS/WAY FORWARD

As Uganda is continually adapting the DSD program to better serve all PLHIV in the country, the MOH has plans to pilot a community-based care and treatment program designed specifically to better meet the needs of children and adolescents. Additionally, development a national toolkit for DSD for key populations and adolescent girls and young women is slated for the near future.

Upcoming research projects in the country include an assessment of the costs and outcomes of DSDM, which is being implemented by EQUIP with support from USAID and a study on the use of quality improvement models to maximize impact and efficiency of DSD implementation, which is being implemented by the Makerere University School of Public health with funding from the Global Fund.

1. Preliminary Findings, Uganda Population HIV Impact Assessment (UPHIA), 2016

November 2018