Taking DSD Services to Scale: Strategic Decisions, Paths, and Priorities

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

BACKGROUND / DISCUSSION

The 11 countries in the CQUIN network are pioneers of HIV differentiated service delivery (DSD) implementation at scale. Recognizing that differentiated HIV services must be delivered at scale and with fidelity – *e.g.*, that both **coverage** and **quality** are required for **impact** – network members face a similar set of strategic decisions about how best to design, implement and monitor large-scale DSD programs. In August 2018, the CQUIN team reviewed data collected from member countries in the context of south-to-south visits, workshops, and routine calls with national DSD coordinators. Table 1 shows a preliminary synthesis of key strategic decisions, commonly-selected options, and illustrative country examples. These are likely to be useful to other countries scaling up DSD services.

TABLE 1: STRATEGIC DECISIONS FOR DSD SCALE-UP

Strategic Decisions	Common Options	Country Examples
How will leadership and/or oversight of national DSD guidelines and implementation strategies be organized?	Sub-DSD Technical Working Group	• Uganda, Zambia and Zimbabwe each have a stand-alone sub-TWG that meets regularly for DSD planning and coordination.
	DSD Task Force	• Eswatini, Malawi, Mozambique and Kenya have task teams that work on specific tasks and report to a main TWG.
	DSD Coordinator	• Eswatini, Uganda, Zambia and Zimbabwe have dedicated DSD coordinators.
	DSD Technical Advisors	• Kenya, and Cote d'Ivoire have technical advisors from other organizations who support the ministry of health in developing documents, planning DSD activities, and training.
	MoH Officers with added DSD oversight	• South Africa, Ethiopia, Malawi and Mozambique use MoH staff that have been assigned added responsibility as DSD leads.
Will the roll-out of DSD models be implemented using a phased approach?	Simultaneous nation-wide implementation of diverse models	• Eswatini, South Africa, Zambia and Zimbabwe are scaling up multiple facility-based and community-based DART models for stable patients nationwide.
	Phased approach with initial prioritization by geography and/or DART model	• Cote d'Ivoire and Ethiopia are scaling up facility-based models (only) nationwide.
	Hybrid approach, implementing some models simultaneously nationwide and phasing in others	• Kenya prioritized national roll-out of appointment spacing and fast track models, and is phasing in community-based models based on a readiness assessment tool. • Malawi, Eswatini, Zimbabwe, Uganda and Kenya are implementing models for unstable patients in a phased manner, starting with referring facilities. • Mozambique is scaling up appointment spacing and fast track using a global approach, but using a phased approach for community outreach and facility-based adherence clubs for adults and adolescents.
How will countries determine if roll-out of DSD has been successful? What are the relevant goals and targets?	Development of DSD-specific coverage targets focusing on % of facilities offering DSD	• Ethiopia, Malawi, Mozambique, Eswatini, Uganda, Zambia and Zimbabwe have set national DSD coverage targets at the facility level. For example, Malawi and Uganda plan to increase coverage of DSD by 70% and 30% respectively by end of 2018. Ethiopia plans to reach 95% of health facilities by 2018.
	Development of DSD-specific coverage targets focusing on % of eligible patients receiving DSD	• Zambia, and Uganda are among the countries with patient level coverage targets. Zambia plans to enroll 20% (34,800) of stable PLHIV in DSD community models by December 2019, while Uganda is targeting 70% of all ART patients in DSD by 2018.
	Use of existing programmatic targets	• Kenya and South Africa do not have DSD specific targets. They will use existing targets for testing, linkage, retention and viral suppression.
In addition to the Ministry of Health (national and subnational levels), which organizations/ institutions will implement DSD roll out?	International partners	• International PEPFAR implementing partners play a critical role in DSD implementation and scale-up in all 10 countries. • In some countries, IPs are intensively supporting all DSD models. For example, PEPFAR IPs are leading scale up of diverse DSD models in all four regions of Eswatini. In other countries, IP support is focused on DSD for patients @ high risk of disease progression (P@HR), adolescents, key populations, and other groups with more complex needs.
	Domestic partners	• ISHTAR Kenya implements specific DSDMs for MSM • MANRELA+ in Malawi has involved faith-based leaders in DSD demand creation and implementation activities. • TASO in Uganda is involved in the training and capacity building of expert clients, providers, and community health workers who play a key role in DSD rollout. • The Global Fund is supporting national PLHIV networks (e.g. ZNNP+ in Zimbabwe and RIP+ in Cote d'Ivoire) to scale up community-based adherence groups • Lighthouse and CAPRISA are supporting MOH Malawi and DOH South Africa, respectively, to scale up DSD models for P@HR.
What strategy will be implemented for collecting and reporting DSD relevant monitoring and evaluation (M&E) data?	Adapt routine M&E tools to collect DSD data on all patients	• South Africa, Uganda, Kenya, Zimbabwe and Eswatini have updated paper-based DSD registers and/or are in the process of updating their Electronic Medical Records (EMRs). • Malawi plans to update only electronic medical records.
	Episodic data collection (Review Meetings)	• Zimbabwe, Kenya and Eswatini are currently implementing (or planning) the use of annual review meetings that include site-level DSD data • South Africa has Quarterly Review Meetings in Districts and Provinces where DSD data and program performance are assessed.
When/how often will data on DSD be collected and reported?	Scheduled periodic reporting (e.g., annual, quarterly, monthly)	• Mozambique, Kenya, and Zimbabwe hold Annual National Review Meetings at which DSD data is reviewed. • Eswatini, Zimbabwe and other countries produce annual program reports that will incorporate DSD data. • Eswatini has semi-annual review meetings at which DSD data will be reported. • Ethiopia has a paper-based register on which appointment spacing data is collected by the Regional Health Bureau monthly and shared with MoH. • South Africa collects Quarterly Provincial data on DSD and program performance.
	*Ad hoc r*equests	• Cote d'Ivoire, Zambia and Malawi compile DSD data for CQUIN Meetings. • IPs in Uganda and Kenya compile DSD data when requested by MOH and/or PEPFAR
How will recipients of care be involved in planning, implementing and/or evaluating DSD services?	Participation in DSD TWG or Task Team	• South Africa includes both PLHIVs and specifically youth living with HIV in their DSD TWGs. • Eswatini, Kenya, Uganda, Malawi, Zimbabwe, and Zambia all include PLHIVs in their DSD TWGs where DSD planning, coordination and program evaluation are discussed
	Demand Creation and Patient Education	• Eswatini and Malawi use PLHIV networks to support demand creation, and to develop IEC material. • Uganda engages PLHIV to conduct treatment literacy campaigns and community health talks
	Service Delivery	• Eswatini, Ethiopia, Uganda and Zambia use expert clients and/or peer educators to deliver diverse DSD related services, including adherence monitoring and patient tracking.
	M&E	• PLHIV in Cote d'Ivoire monitor DSD service availability in the context of ITPC's Community Observatory project
How will countries support and monitor DSD quality?	Via routine national quality assurance assessment	• In Eswatini, the national quality management program and the DSD task team have developed DSD Quality Standards which will be added to the national HIV service assessment tool to monitor DSD service quality
	Stand-alone quality assurance (QA) and/or quality improvement (QI) projects	• In Zambia and Kenya, IPs providing HIV services engage in different QI projects • Cote d'Ivoire engages PLHIV via the coordination of an early "early warning system" for ART stock outs. • Zimbabwe has integrated DSD quality review into national quality assurance meeting.
	Standing National Quality Assurance Meetings and DSD review meetings	• Kenya, Eswatini and Zimbabwe have review meetings at which data on DSD implementation fidelity will be monitored.

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