



Taking Differentiated Service Delivery to Scale in South Africa

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BACKGROUND

South Africa has the world's largest HIV epidemic, with 7.5 million adults and children living with HIV, and an adult (15-49 years) HIV prevalence of 18.8% (Thembisa version 4.2 2019). HIV case detection and provision of antiretroviral treatment (ART) has expanded dramatically in recent years, and approximately 4.8 million people were on ART in 2018. The country aims to initiate an additional 2 million people on ART by 2020. To improve the effectiveness of health services, 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 people with HIV, TB and non-communicable diseases (NCDs).

MODELS OFFERED

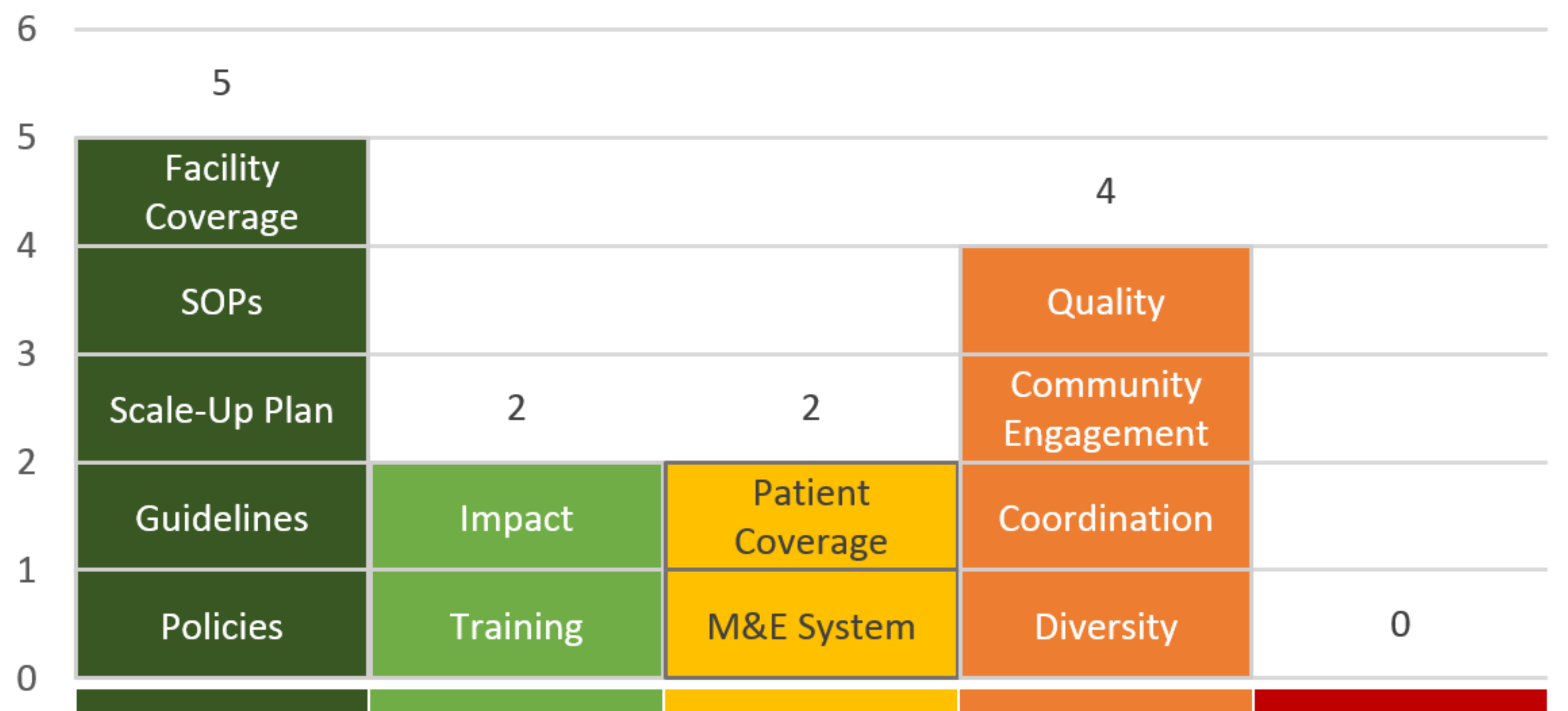
South Africa is home to diverse DSD models. Some of the less-intensive models include:

- Participants in **Spaced and Fast Lane Appointments (SFLA)** receive a 6-month prescription for medication, and must attend the clinic once a year for clinical assessment and laboratory investigation. 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 up to 30 people on ART, 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.
- In the **Central Chronic Medicine Dispensing and Distribution (CCMDD)** model, eligible clients choose a community-based pick-up point (PuP), such as a retail pharmacy, to collect 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 collection, 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. Approximately 1.9 million people receive medication through CCMDD and approximately 75% of prescriptions are for ARVs.

More-intensive models include **Advanced Clinical Care (ACC)** models. South Africa shared lessons learned from the ACC model with CQUIN colleagues Malawi and Zimbabwe by hosting a south-to-south visit in November 2018.

DSD DASHBOARD

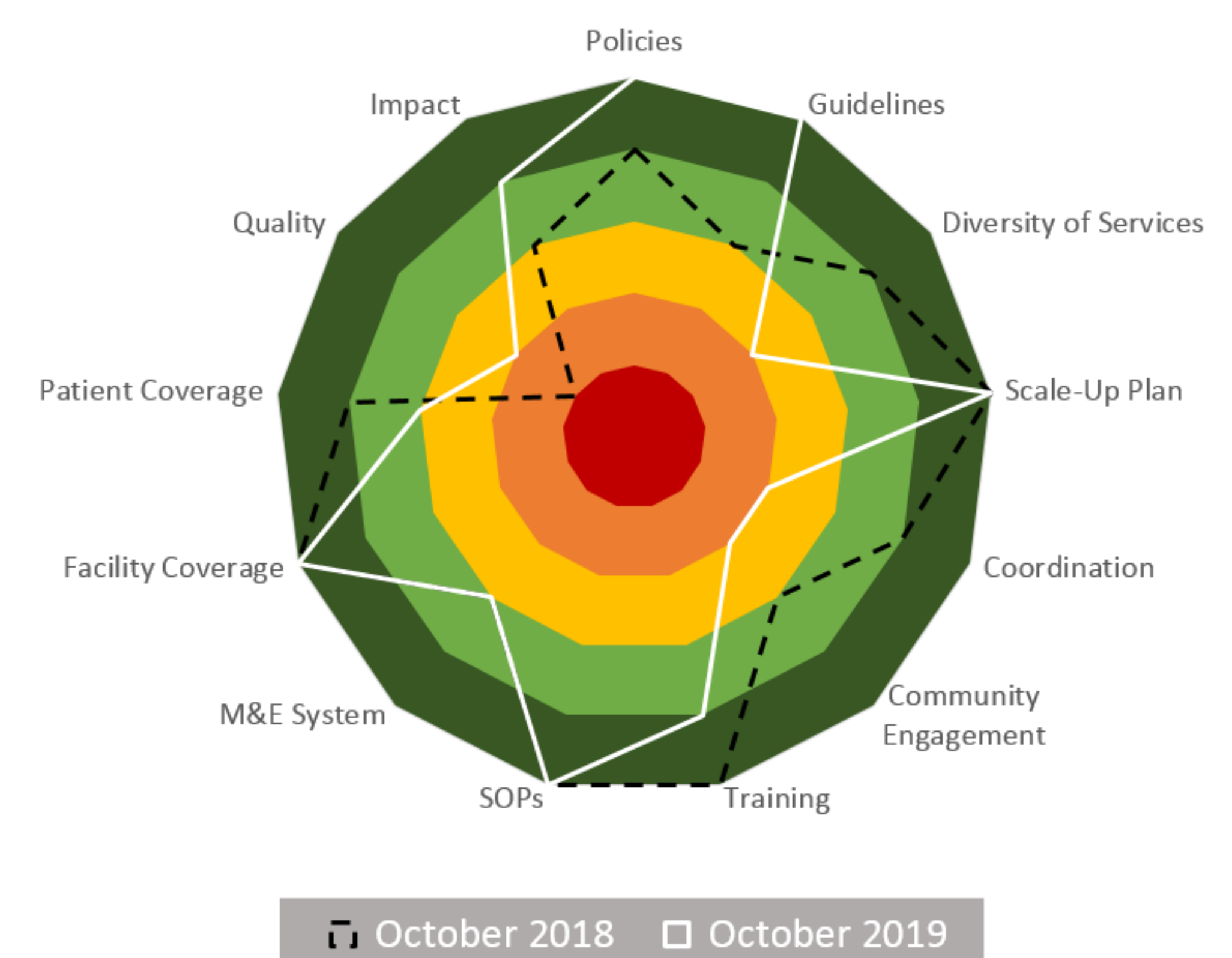
Figure 2: Dashboard Results 2019



In October 2019, NDOH completed a systematic self-assessment of DSD program maturity using the CQUIN DSD Dashboard (Figure 2). The program attained the highest-possible level of maturity in five of the 13 domains—Policies, Guidelines, Scale-Up Plan, SOPs, and Facility-level coverage—and had reached the light-green stage in two others—Training and Impact.

South Africa's dashboard self-staging progress in October 2018 and October 2019 is illustrated in Figure 3. Four domains: Guidelines, Policies, Impact and Quality are areas that have improved in the year between assessments. Other domains, including Patient Coverage, Training, Diversity, Coordination, and Community Engagement appear to have regressed since 2018, which requires further exploration.

Figure 3: Dashboard Results 2018 vs. 2019



DISCUSSION

A 2016 evaluation of the National Adherence Guidelines found that recipients of care at sites providing DSD found the quality of services better than at sites without DSD. People in Adherence Clubs reported high levels of satisfaction with the convenience and time-saving elements of the model.

Moving forward, DSD is a priority domain for the Operation Phuthuma "towards 90:90:90" project at DOH, which aims to improve adherence through the implementation of appropriate DSD models. Within the project there is a continued focus on strengthening and expanding all DSD models across the country.

