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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Background / Introduction

- Differentiated Service Delivery is a realization that a 'one-size-fits-all' approach is no longer enough. We need an adaptation of treatment and care approaches tailored to the needs and priorities of individual recipients of care
- It is a people-centered, rights-based approach to service delivery
- DSD is the way for supporting life-long adherence and helps to decongest crowded health facilities

DSD models

- Adherence groups/clubs (**Client-managed groups** - CAGs) have been established; [Mozambique, Uganda]
- Multi-month refills are given especially to stable RoC
- Family/treatment-supporter refill
- Block appointments
- Integration of services (TB/RCHS/MAT)
- Community outreach ART delivery (mobile)
- Facility-based health provider managed groups (teen/ adolescent/ kids clubs)
- Decentralization of HIV care to lower level health facilities

DSD and Key populations

- Use of drop-in centres (DiCs) or refill sites 4-6 months
  - Examples Uganda (FSWs), Ghana
- Community pickup points (mobilize out reach services for men who have sex with men)-ART refills done by lay healthcare workers (peers)
- Use of private clinic in communities (Ghana)

Health Outcomes /Impact

- **Improvements** in the **quality** of testing, treatment, and r**etention** across the facilities
- Improved **access** to screening, testing and treatment services, and the delivery and distribution of drugs
- **Reduced lost to follow up** (LTFU)- South Africa and other countries
- Significant **decline in uncollected drugs** and **client waiting time**-improved client satisfaction (South Africa, Kenya)

Health Outcomes / Impact

- Increased TB case detection
- Improved TB treatment success rate among co-infected clients
- Improved adherence and overall satisfaction
- Improved response to treatment due to fewer missed appointments
- Empowered communities
- Strengthened advocacy and support

"I've been on ARVs for 10 years. I want to be responsible for my treatment." – Client, Conakry, Guinea

"When I pick up my drugs at the community ART distribution point, I am supported and not stigmatized" – Client, Kinshasa, DRC

Community Engagement

General appreciation of increased meaningful engagement of RoC; but more at policy level

- Seat on the National TWG/Task Teams; other policy platforms like CCMs, engage with PEPFAR processes;
- Participating in quarterly meetings
- Evaluation and assessment meetings
- Development of National level DSD policies, guidelines and implementation frameworks, national road maps etc.
- Leading the PLHIV Stigma Index
- Integration of HIV & TB and particularly roll-out of IPT
- Development of Treatment literacy tools and guides

Lessons & Challenges – 1

- Community Engagement is unstructured and varies from country to country
- RoC still not seen as partners
- RoC participation in implementation & monitoring, not to the desired scale
- Limited consultation & feedback mechanisms
- Limited involvement of men and adolescents
- Limited comprehensive/full information to enable communities participate, demand and influence
- Limited involvement in satisfaction surveys

Lessons & Challenges – 2

- **Criminalization and stigma** still adversely **affecting quality** of care among PLHIV and key populations
- Limited data on ART outcomes among key populations
- Test and treat: **push for numbers/targets** compromising quality and compromising rights and informed choices
- Limited confidentiality leading to lost to follow up especially KPs/ women in their diversity

Lessons & Challenges – 3

- Limited investment in systems and structures to address the negative impacts resulting from DSD
- Limited investment in treatment literacy

Opportunities for accelerating DSDM

- Many Ministries of Health mainstreaming DSDM
- Political commitment-presidential initiatives, HIV Trust Funds, political declarations such as Abuja declarations, Universal Health Coverage
- Improving policy/enabling PLHIV, KPs environment for KPs
- Improved technology, integration and innovation
- Sustainable development goals
- Availability of community systems structures/volunteers
- Partnerships and net working/ e.g. use of already platforms and structures
- Funding mechanisms like the Global Fund, Pepfar

Recommendations

- There is need to engage people living with HIV in the design and delivery of ART services and provide comprehensive information on DSD models so as to make informed choices
- There is need to invest in Treatment Literacy
- Continue evidence generation of which DSDM yield better results
- Community activists should particularly note the "outcomes" and "resource needs" for each model

Appreciation

- ICAP & CQUIN
- Ministries of Health & all partners
- Recipients of care