Uganda DSD Implementation Updates
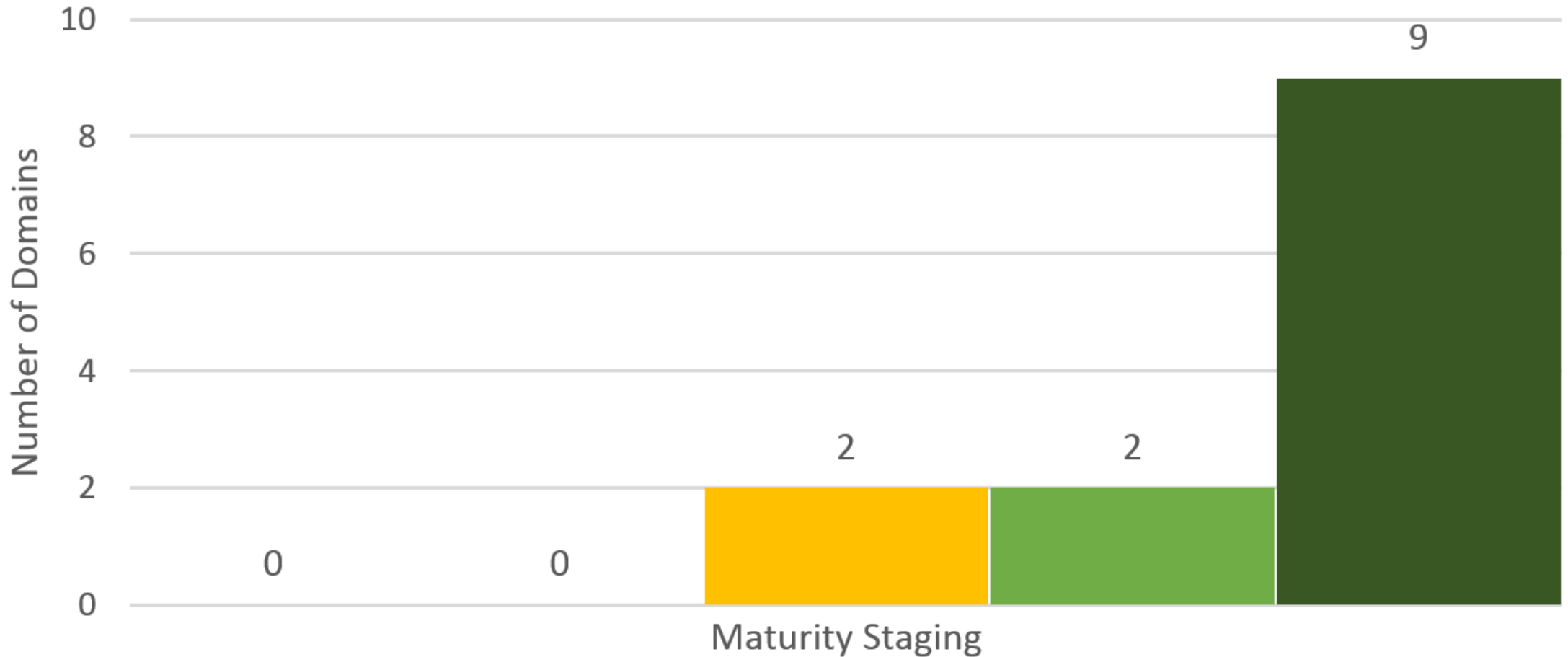
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AIDS Control Program
7th December 2020

Outline

- Where are we now?
  - CQUIN Dashboard Results
  - DART Model Mix

- How did we get here?
  - Update on CQUIN Action Plan
  - Program adaptations made in response to COVID19
  - Successes and Challenges

- 2021 goals and targets

Change in Dashboard Domains since 2019

- Facility coverage increased from 68.4% in November 2019 to 80% by end of September 2020

- Patient coverage increased from 73.2% in November 2019 to 92.4% by end of September 2020

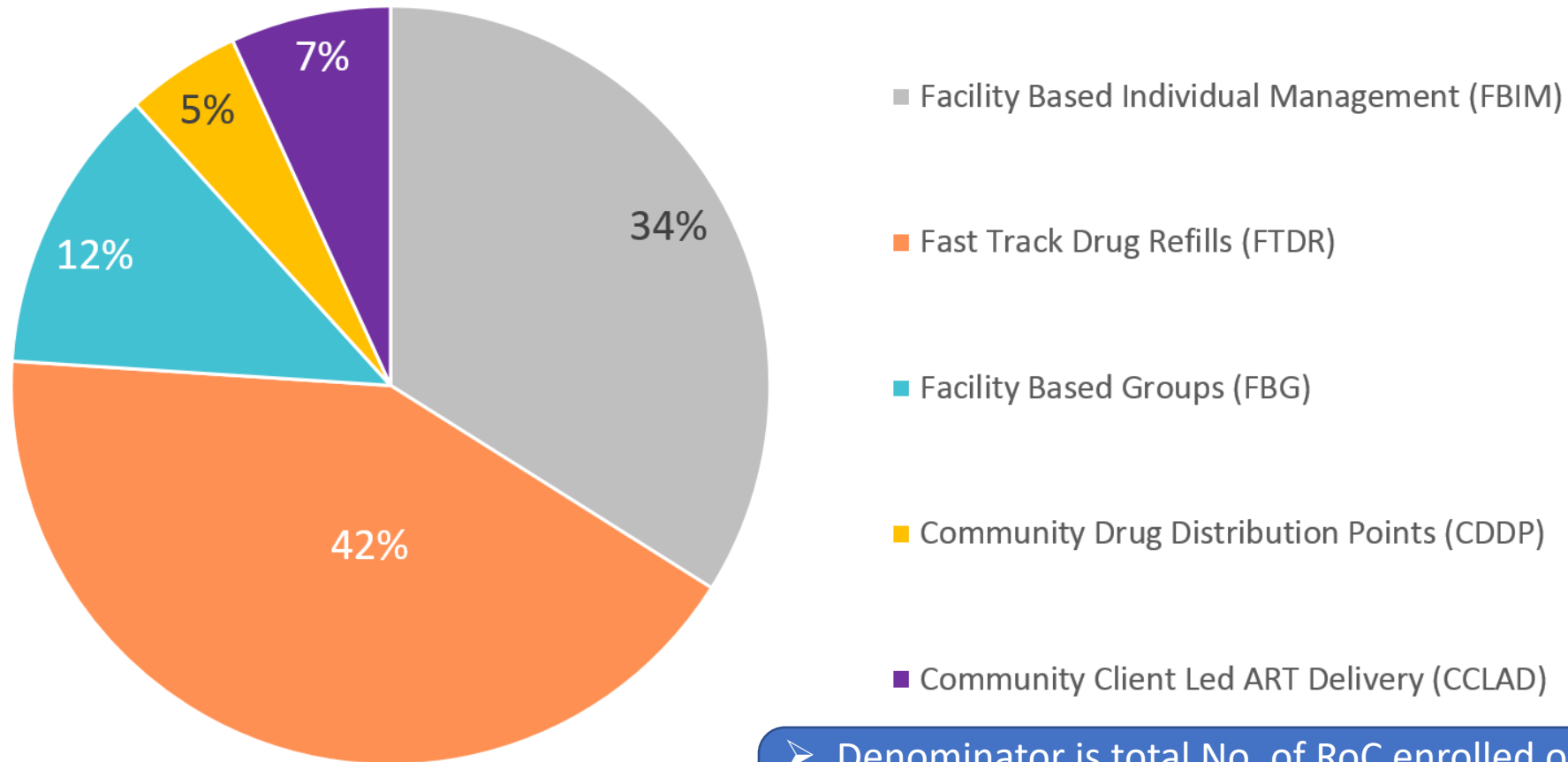- Quality and Impact domains are still the challenge

2019

Policies
Guidelines
Diversity of Services
Scale-Up Plan
Coordination
Community Engagement
Training
SOPs
M&E System
Facility Coverage
Patient Coverage
Quality
Impact

2020

Policies
Guidelines
Diversity of Services
Scale-Up Plan
Coordination
Community Engagement
Training
SOPs
M&E System
Facility Coverage
Patient Coverage
Quality
Impact

Model Mix – End June 2020

Pie chart:
- 34% – Facility Based Individual Management (FBIM) (grey)
- 42% – Fast Track Drug Refills (FTDR) (orange)
- 12% – Facility Based Groups (FBG) (teal)
- 5% – Community Drug Distribution Points (CDDP) (yellow)
- 7% – Community Client Led ART Delivery (CCLAD) (purple)

Legend:
- ■ Facility Based Individual Management (FBIM)
- ■ Fast Track Drug Refills (FTDR)
- ■ Facility Based Groups (FBG)
- ■ Community Drug Distribution Points (CDDP)
- ■ Community Client Led ART Delivery (CCLAD)

➤ Denominator is total No. of RoC enrolled onto DSD
➤ 78.6% of RoC active on ART were on DSD as at end of June 2020

Model Mix – Trend Jan – Sept 2020
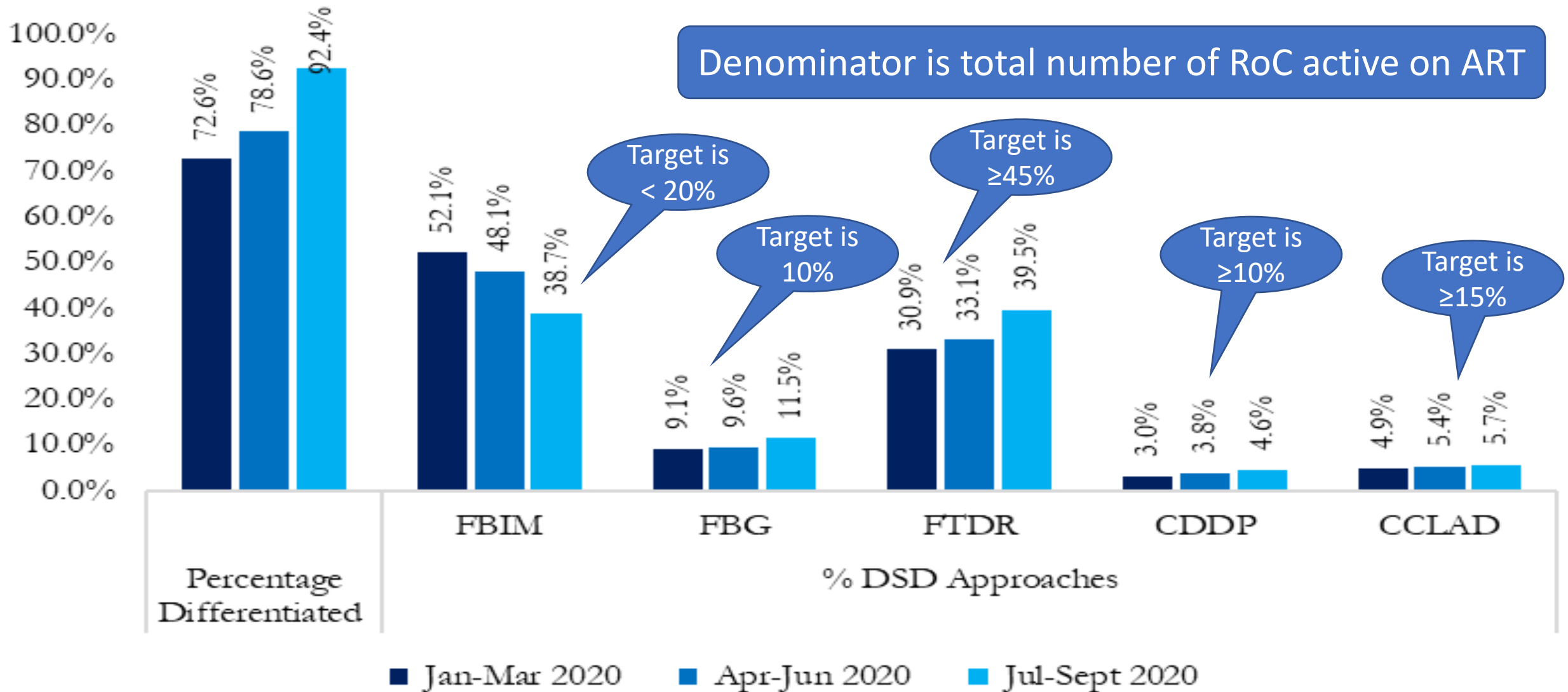
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Update on CQUIN Action Plan from 11/2019

Activities that have been successfully completed include:

- Goal #1 : To Improve coverage of less intensive DSDM for "well" recipients of care from 40% to 70% by 9/2020. **CURRENTLY AT 49.8%**
  - ✓ S2S learning visit to Ethiopia – 6MD
  - ✓ Review of DSD implementation guidelines to include 6MD
  - ✓ Strengthened mentorship with a focus of institutionalizing QI for DSD implementation
  - ✓ Finalize and rollout materials for recipient of care Rx literacy
    - ❖ In final stages of development of Rx literacy materials
  - ✓ Pilot differentiation into less-intense models - early post ART initiation
    - ❖ DSD implementation guidelines revised to allow enrolment of ROC to less-intensive models as early as 6 months post ART initiation

Update on CQUIN Action Plan from 11/2019

- Activities that have been successfully completed include:
  - Goal #2: To improve Quality domain score on dashboard from yellow to dark green by 9/2020
    - ✓ Conduct regional DSD performance review meetings
      - ➤ Conducted 1 meeting for Rwenzori region. Two more planned for December 2020, 1 for Rwenzori and the other for East Central region

- One activity that was dropped or that is still underway is:
  - Define standards and indicators of quality of DSD to support regular monitoring
    - ➤ This is underway and hope to conclude this by end March 2021

Key policy and practice adaptations made in response to COVID19

- Promoted MMD 3MD and 6MD
  - ➢ This was based on availability of adequate ARV stock across the different drug regimens at the facility

- Expanded eligibility criteria for MMD
  - ➢ Any recipient of care regardless of age with exception of;
    - ✓ Non suppressed
    - ✓ The very sick
    - ✓ Pregnant mothers
    - ✓ Lactating mothers with babies below 6 months of age
    - ✓ Visiting clients ("Visitors")

- Suspended some DSDM
  - ➢ Facility Based Groups (FBG)

M&E adaptations made in response to COVID19 to enhance data reporting

"Visitors" tracking log:

❑ Documenting clinical encounters and ART refills for visiting recipients of care

❑ Used to provide updates to the parent facility

• Current guidance is that "Visitors" return to their parent facilities or get formal transfer to their current facilities.

Successes

- Revised DSD implementation guidelines
  - ❖ Criteria for determining a "stable" client – Join less-intensive models 6months post ART initiation
  - ❖ DSD for children and adolescents – Can join community DSD models
  - ❖ Multi-month dispensing – Introduced 6MD

- Incorporated DSD data elements in HMIS tools and DHIS2

- Printed and distributed DSD HMIS tools and reference materials with support from Global fund

- Enrolled 92.4% of all RoC active on ART into DSDM
  - ❖ All RoC are eligible for DSD. FBIM is a model equivalent to standard of care

- 49.8% of all RoC active on ART enrolled into less intensive models

Challenges (other than COVID-19)

- Onsite training rates have stagnated at 80%

- DSD data quality challenges
  - Lack of knowledge
  - Labour intensive process

- Low uptake for community C&T DSD models

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2021 Goals and Targets

6MMR – 5%
These are part of FTDR and CDDP

15% | 20%
10%
10%
45%

FBIM   FBG   FTDR   CDDP   CCLAD
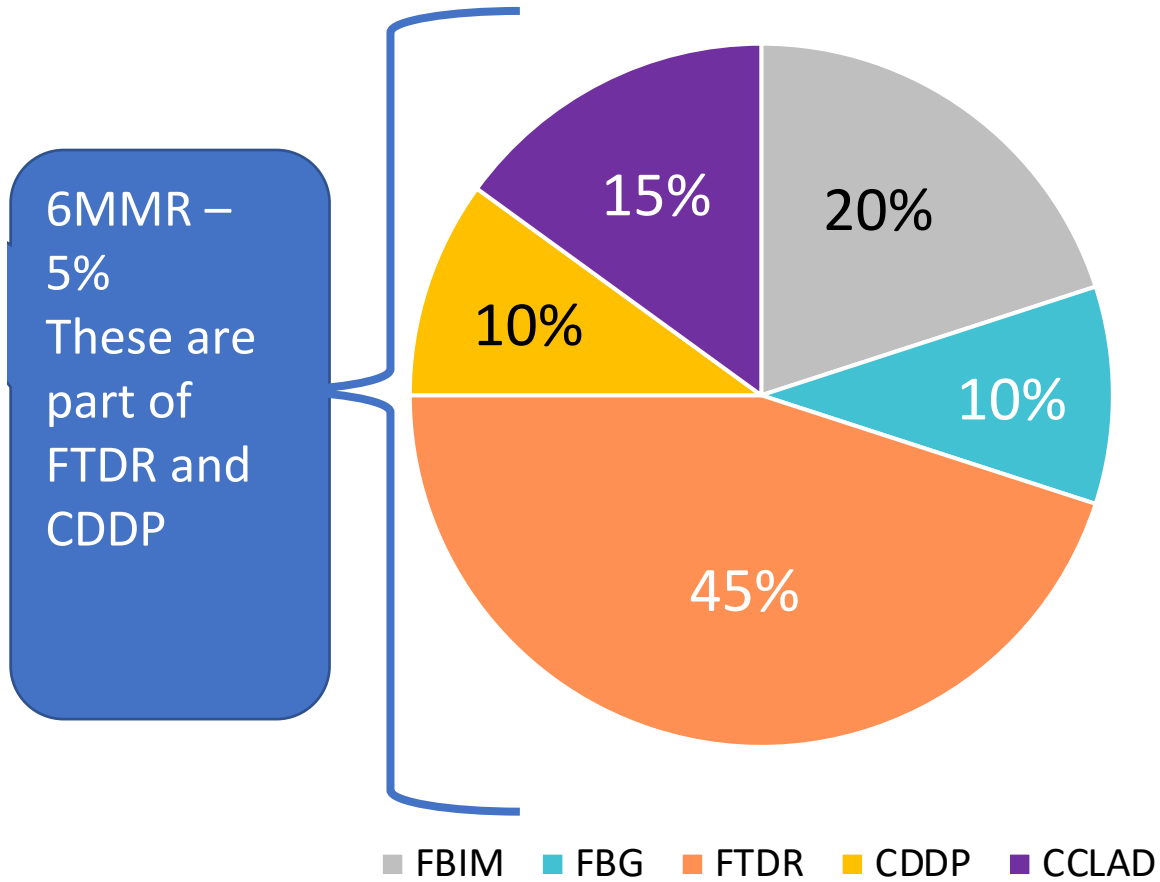
- 70% of RoC on ART will be in less-intensive DSD models
- 4 rounds targeted DSD supportive supervision
- 4 regional DSD performance review meetings
- Alternative Drug Distribution approaches
  - 7% of RoC active on ART on Community Retail Pharmacy Drug Distribution Points (CRPDDP)
  - 3% of RoC active on ART on Client Led Drug Distribution Point (CLDDP)

Acknowledgements

- MoH - ACP fraternity
- DSD TWG members
- PEPFAR
- Global Fund
- ICAP at Columbia and CQUIN team
- CQUIN member countries especially Ethiopia
- IPs
- DHTs
- HCWs
- Recipients of care
- Other contributors